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April Report

HIV Health Services Planning Council
PWA Caucus

DOCUMENTS DEPT.

APR 21 1999

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To: Members, HIV Health Services Planning Council
Meeting Date: April 7, 1999
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5:00 to 7:00 PM

Members Present: Co-Chairs, Toni Leone and Lisa O'Connor
 Diane Jones, Jorge Ortiz, Nilda Rodriguez

Others Present: Maureen Fiorelli, minutes; John Claude Koury; Garry Harrell; Gary Levinson, Support Center for Nonprofit Management; Billy Pick, AIDS Office; Hank Wilson, TARC; Toni Young, Consumer Rights Advocate.

I. Appointment and Reappointment Issues

LOC gave a status report regarding the recent information on reappointment issues. During the last few meetings, the Caucus had discussed their frustrations regarding the appointment of *LCG* and the lengthy nomination process. She also stated that several Council members had been notified of their reappointment by receiving a notification letter in the mail. Conversely, several other Council members have received notification that they would not be reappointed. Two of these members are Tom Calvanese and Loras Ojeda.

DJ gave the Caucus an update on the Membership Committee meeting which was held last Thursday. She stated that in addition to a fair number of people from the Council attending the meeting, Bill Barnes and Bill Borden were also present. When the Council members asked questions regarding the reappointment of *TC* and *LO*, they received no answers, which left them feeling as though their concerns were not heard. Borden and Barnes both stated that the Mayor was within his rights with reference to the denial of reappointment of *TC* and *LO*. They stated the Mayor had, in fact, consulted a city attorney on the matter. The Council members then asked Norm for his opinion on the matter, but he chose not to respond. Consequently, a letter was drafted to the Mayor conveying several concerns:

1. The problems with the process of appointments and reappointments and the Council's disagreements about anniversary dates of appointments.
2. The removal of *LO* and *TC* from the Council.

The letter currently holds 20 signatures. Several members can not be reached including Veronika Cauley, Virginia Cafaro and Mark Dunlap, and six members have not signed because they are either out of county representatives or because their signing would pose a conflict of interest. One member did not sign based on merit. The plan is to get this letter to the Mayor and ask for his help in resolving this matter. There are also efforts to schedule a meeting with Supervisor Amiano but there has been no word back from his office as of this date. Calls and e-mails were also put in to Bill Barnes' boss, Steve Kawa, Office of Legislative Liason & Budget in an effort to schedule a meeting between Steve and the Co-chairs.

LO'C expressed her frustration at the prospect of *LO* and *TC* not being reappointed as they play such a crucial role on the council as co-chairs, and the fact they are representative of groups such as PWA's and Latinos, which fall under provisions outlined in the HRSA guidelines. And most importantly, these are two council members who are doing an enormous amount of work. The Council therefore deserves to know why they would not be reappointed.

Hank Wilson stated that the Caucus needs to communicate with the Mayor's office and express the opinion that this would be a huge mistake and that this decision needs to be corrected so as to allow for continuity and credibility in the processes of the Council.

II. PWA Caucus Meeting Time

TL petitioned to have the regular PWA Caucus meeting time changed to 5:30 rather than 5:00. The caucus agreed and will meet regularly at 5:30.

III. HIV Consumer Rights Advocate Report

Toni Young reported that the first round of media campaigns ran up on the bus stands; the Spanish versions are currently being worked on. *Toni* has been meeting with Michael Bogin with respect to the legal aspects of the campaign which has been helpful since Michael holds a J.D. degree.

Toni distributed the March Report of the Consumer Rights Advocate, the last page of which was a copy of a letter she intends to send to Michelle Dixon. [Attachment A] The letter addresses the issue of the number of PWA's who have been disqualified from receiving services because of time issues. *DJ* asked what policies are in place around disqualifying people from services. *Toni* stated that it is up to the individual agencies. Each individual agency has their own criteria. One example is a client who would be disqualified from services due to abusive behavior. Each agency defines abusive according to different markers, in this instance. She stated that there needs to be some continuity with definitions about when a client is cut off from services and what their return date should be. Additionally, *Toni* stated that although there is an appeal process, the agency can keep denying the appeal; the client can therefore continue to reappeal for 20 years. Therefore, there needs to be some benchmark along the way. *LO'C* stated that on the other hand, some clients should not be told that they can definitely come back in one year, but that rather there should be some type of assessment around mental health, safety, etc. *Billy* suggested that *Toni's* proposed letter should only be a way of opening the dialogue rather than trying to state the policy in the letter. He therefore suggested that the third paragraph be deleted. *Toni* agreed but stated that she wanted to be clear that this letter would serve as documented reasons why the client can not be cut off from emergency services, in particular, such as food, housing, etc. *Hank Wilson* noted that some clients were cut off from services 10 years ago and are now living clean and sober and are still not able to reconnect with some agencies, leaving them feeling hopeless and victimized. It was decided that the two Co-chairs would be the contact people for *Toni* to connect with on this issue in the future.

IV. Updates & Announcements

-Hank Wilson noted that there is a problem with availability of bus tokens for PWA's within the city. He noted that this is a systems problem tied up in bureaucracy and that he was told that it could take up to a month for continued availability of tokens. *Billy Pick* stated that he would follow up on this matter.

-Gary Levinson gave an update on the focus groups which he has been organizing. He stated that he has concerns over the best way to articulate the two different processes. His concerns are twofold: first, there are a limited number of stipends, and he is not sure at this point where to hold the needs assessment work groups. *Gary* also stated that based on his work with the Needs Assessment Task Force, they have scheduled all the groups and are still looking for recruiters. He suggested that in an effort to alleviate some of the confusion, perhaps the input forums could be held later. *TL* stated that the small focus groups could pay stipends but that they need limits on how many people could participate. *Hank Wilson* proposed that the content of the focus groups be shared at the community forum. It was decided that a special meeting should be held next week to discuss this topic. *NR, LO'C, TL* and *John Claude Koury* expressed interest in attending the meeting. *Gary* also informed the Caucus that there will be two recruiters meetings this Friday at 10:00 and 3:00 at the Support Center, 706 Mission Street, 5th Floor. Recruiters will be paid \$15/hr. for a maximum of 8 hours and \$10 per participant. The first focus group will be held on April 20th. Anyone interested in coming to the focus groups should call Alex at 541-9000. There will also be a test focus group next Thursday, April 15th and this group is open to the Council. The flyers, which will be at the Support Center on Friday, will display basic information on the front and more detailed information on the back and will be translated into Spanish. *Gary* stated that he hoped that the Council members would also do their part in distributing the flyers. And finally, *Gary* reminded the caucus that this process will give the council information from surveys, provider surveys, telephone interviews and the back to work piece.

-*NR* distributed a handout on the Bridge Housing Corporation which is looking to open an affordable family housing facility at 1 Church Street. The facility would include 93 units, 12 of which are HOPWA, the rest of which are for low income residents. *NR* encouraged members to attend a meeting at City Hall on April 21 at 12:30 p.m. to show their support for the building of this development. Anyone planning on speaking at the meeting, can call the number on the handout in order to get accurate information for giving a "2-minute blurb." [Attachment B]

Next meeting: Wednesday, May 3, 1999, 25 Van Ness Ave., Rm. 330-B, 5:30-7:00 PM

All CARE Council & Committee meetings are held in accessible sites, and are open to members of the public. Participation of people living with HIV is strongly encouraged. Minutes of meetings and all information distributed to Council members are available for public inspection and copying. For further information contact Council staff at 415/554-9136.

To: PWA Caucus and Steering Committee

From: A. Toni Young
HIV Consumer Rights Advocate

Date April 6, 1999

Re: March Report

Media:

We are currently working with the graphic design folks to develop a Spanish language campaign. The drafts of this should be ready by early May.

A packet of recent information was sent out to all CARE funded agencies last month. As a result five calls have come in to presentations

We are currently seeking a part-time outreach worker to conduct additional "in-service" trainings.

Administrative:

We have sustained some project growth as a result of the recent advertising campaign. As a result of this we have brought on Michael Began to assist with peer advocacy. I have attached the most recent summaries for your review.

Policy:

Attached is a draft of a letter I would like to send to Michelle Long-Dixon per Caucus approval. Please review, I would like to send this letter ASAP

Case Summary: 015

Problem

Ms. E presented a complaint about her neighbor at Hazel Betsy. Her complaint was:

1. The neighbor "mutters at me under her breath."
2. The neighbor "is in my business."

Sololution

Investigation

Because Ms. E was clearly upset about the situation Ms. Young dediced to investigate. She met with the building manager and attempted to help resolve Ms. E's complaint. This attempt failed. Mr. Bogan then spoke with Ms. E, and the builing manager. He offered mediation, and this offer was rejected.

Review

Ms. Young and Mr. Bogan then reviewed the case. They decided to conclude the HCRA's involvement in the case for the following three reasons.

1. Based on Ms. Young's and Mr. Bogan's meetings they concluded that Ms. E's complaint was nothing more than a gardern variety dispute between neighbors, and as such was not sufficient to trigger the invovlement of the HCRA. It was decided that the dispute would be more appropriately handled by a community board.
2. Ms. E's non-negotiable outcome measures were not ones the HCRA could assist her with.
 - A. "get her (the neighbor) out."
 - B. "make her shut up."
3. Ms. E was not interested in mediation. She said she "had nothing to say to her neighbor," and "never" would. And she rejected mediation efforts offered by Mr. Bogan.

Conclusion

Mr. Bogan met with Ms. E, explained why the HCRA would not be pursuing her case.

Mr. Bogan endorsed the building manger's suggestion to Ms. E. that she pursue a grievance with Lutheran Social Services as to the fairness of the building manger's mediation efforts.

Mr. Bogan explained to Ms. E that to achieve her desired outcome measures vis a vis her neighbor; "make her shut up," and "make her get out," Ms. E would need to submit *in good faith* to mediation efforts, or appeal to an authority with the power to issue injunctive relief, namely the courts.

Case Summary 010

Problem

Mr. B presented a complicated complaint about sexual abuse. In essence he complained that a social worker he had seen for HIV-diagnosis-related depression used an offer of vouchers to leverage him into sex.

When Mr. B complained of this to the staff of the hospital where the incident occurred an investigation was undertaken. Unfortunately, Mr. B was not kept abreast of developments in the investigation, he was given contradictory information about the investigation's outcome, and his case was never formally resolved.

The involvement of the HCRA further revealed that the hospital had not followed its own grievance procedure during the investigation, and that the hospital's grievance procedure itself was in need of serious revision.

Solution

The social worker involved was suspended pending the investigation, but reinstated when sufficient evidence could not be found to substantiate Mr. B's charges.

The hospital undertook a new staff-wide retraining, and declared their intent to monitor their staff with renewed vigilance

The hospital also completely revised its grievance procedures both for HIV services, and for the hospital at large.

Mr. B, although unhappy that the social worker remained in place, felt some justice had been done at least in the process, and was happy that the changes the hospital undertook would save others from going through what he had during his complaint.

Case Summary 080

Problem

Mr. T presented a lengthy series of complaints about the University of the Pacific Dental Clinic. His primary complaint was that he had been denied services. His secondary complaints included fears that his student dentist was not sufficiently supervised in her work, disputes about the wisdom of treatments he had received, complaints about changes in his treatment plan, and many more. Mr. T also felt that his complaints about these issues had not been heard.

Solution

Ms. Young attempted to see Mr. T immediately reinstated with the UoP Dental Clinic, pending the outcome of the HCRA's investigation. The clinic's director offered instead to see Mr. T at Highland Hospital in Oakland. This offer was accepted, but turned out to be misleading: Mr. T would be screened for intake but not treated. Learning of this Mr. T, who felt his painful dental problems could not wait, sought and received timely treatment at SFGH. Mr. T then informed the HCRA that reinstatement at the UoP Clinic was no longer his goal.

The HCRA presented Mr. T's 13 point list of complaints to the Director of the UoP Dental Clinic in a letter of 9 February 1999. This letter also included the HCRA's complaint that the Director had purposefully misled the HCRA on the matter of resumption of service to Mr. T.

The Director responded one month later with a curiously back-dated letter. The three page letter and supporting documents did, however, clearly address each of Mr. T's complaints. [The dentist Mr. T had thought was a student in need of greater supervision, was in fact a licensed dentist. Mr. T's treatment plan had indeed been altered, but this was necessitated by the severity of Mr. T's dental problems which required a reprioritization of plan goals. Etc.] The director answered the charge of having misled the HCRA by insisting that it was a miscommunication.

A review of the grievance procedure at the UoP dental clinic found no problems.

Continuation

The HCRA is currently attempting to clarify a few outstanding issues in the director's otherwise satisfactory letter. At this writing the HCRA's calls have not been returned by the director.

It should be noted for the record that both the HIV Consumer Rights Advocates, Ms. Young, and Mr. Bogan, are not convinced by the director's claim of miscommunication, and remain clear that the director did in fact purposefully mislead them on two occasions. They have concluded, however, that there is no clear benefit to be had, either to Mr. T, or to future complainants, in pursuing the issue further.

Case Summary 016

Problem

Mr. S complained that the physician he had seen at UCSF had declared him unfit for disability certification without benefit of medical records, a medical exam, test results, or questions about Mr. S's health. As it were Mr. S had already been certified as disabled, and had not sought medical attention for this purpose. Mr. S felt the physician's actions were discriminatory.

Mr. S also complained that his request to see another physician at UCSF was denied.

Mr. S complained, finally, that his complaint was not handled well, that he had been "bounced around," and that he was not satisfied with the resolution of the complaint.

Solution

This case is on-going.

As of this writing UCSF has offered to have Mr. S see another physician.

Case Summary 019

Problem

Mr. G complained about services at Buchannan Dental. He had not completed the internal grievance procedure there because he did not know there was such a thing.

Solution

It was explained to Mr. G that all agencies have a grievance procedure, and that he needed to go through this procedure and try to get his complaint satisfied by Buchannan Dental before the HCRA could help him. Mr. G did not know where to get the grievance procedure. It was explained to him that he could ask for it at the front desk, that it should be easy to read, and explain to him exactly how to file a complaint. He was told that if he had any problems he should call the HCRA back and we would help him.

Case Summary 018

Problem

Mr. G complained: "Agencies aren't giving me services because they say I'm not sick enough."

A discussion with Mr. G brought to light the following:

1. He did not disagree with any of the agencies' decisions.
2. He had not protested any of the agencies' decisions to the agencies.
3. He had not completed any internal grievance procedures within any of the agencies.

Solution

It was explained to Mr. G that he would need to complain to an agency, and complete whatever internal grievance procedure they had. Hopefully this would go in his favor. If it did not, then it would be the time to contact the HCRA for help.

Mr. G wasn't interested in doing that. But he wanted someone to know that he had been HIV+ for 15 years, and although he was relatively healthy, the infection had still had a devastating impact on his life. He explained that he knew why the agencies didn't feel he qualified for services, and that he didn't disagree with them. But, he explained, he was impacted enough by HIV to have his life screwed-up, but not enough to qualify for services, and he felt like he was "between a rock and hard place."

[This is not the first time I have heard this. What is the CARE council doing to address this. Question to Toni: should we raise this issue with the PWA caucus?]

Case Summary 017

Problem

Mr. M. presented two complaints, the first about taxes, the second about medical records.

Mr. M's tax complaint boiled down to this: although the gross receipts of his small business exceeded the income threshold set by the SFAF's volunteer tax preparers, his actual income from that business was negative (a loss) and his *income* therefore met the threshold set by the SFAF.

Mr. M's medical records complaint boiled down to this: the hospital where he was being seen wasn't giving him all the information he wanted when he wanted it.

Solution

Ms. Young, on vacation at the time, phoned the SFAF to straighten out the tax problem.

Mr. Bogan explained to Mr. M that he had a right to his medical records, and that if he felt the hospital where he was seen was not sufficiently prompt in producing this information he should lodge a complaint there first. If his concerns remained unaddressed the HCRA could then assist him.

March 31, 1999

Ms. Michelle Long-Dixon, MHA
Director of HIV Health Services
AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

Dear Ms. Long-Dixon:

I am writing you in my capacity as HIV Consumer Rights Advocate, a project of the San Francisco HIV Health Services Planning Council. I write today to respectfully request a review of an existing policy within the Department of Public Health's AIDS Office. That is the policy by which an agency may deny a client service for an open-ended period of time.

In many, if not all, cases clients may have some negative history with the agency. Those histories range from simply filing a complaint to displaying violent behavior. It is not my intent to compromise the safety and/or security of any staff members, volunteers or clients but rather obtain services for those who need them the most. To this end I am requesting that the Department review its policy and forward new guidelines to all contractors. A suspension from services may be warranted in some cases, however, to permanently bar a client seems wholly unfair. Most contractors are dealing with clients who are dually and triply diagnosed, thus the behavior of these clients may be erratic. These clients need the life sustaining services being offered by providers in the city.

I would like to propose that a temporary suspension from services may be warranted under certain circumstances, and if the matter necessitates more severe punishment, the client could be banned for one year. After that one-year period the client should be able to return to services again. If another infraction occurs the client may need to be barred again. But to have an agency which receives city funds deny benefits to anyone indefinitely seems contrary to the term "Public Servant" which is what one becomes upon receipt of city dollars.

I look forward to your written response to this matter.

Sincerely,

A. Toni Young

Cc:
John Claude Koury
Tom Calvanese
Russ Zellers
Mitchell Katz
Hon. Mayor Willie Brown

BRIDGE HOUSING CORPORATION

TRANSMITTAL SHEET

TO:	FROM:
Nilda Rodriquez	Ruthy Talansky
COMPANY:	DATE:
WORLD	MARCH 30, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
510-986-0341	5
PHONE NUMBER:	ADDRESS:
510-986-0340	
RE:	CC:
One Church Street	
VIA:	
Fax	

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thank you for supporting the development of 93 units of affordable family housing at One Church Street. We really appreciate your help and support. Enclosed please find information regarding the development including:

A fact sheet,

A list of talking points for the Landmark Board hearing.

The hearing is on **Wednesday, April 21st at 12:30 at City Hall in San Francisco.**

Please bring as many supporters as you can. They don't all have to speak if they don't want to, but the more people the better. There are definitely NIMBY's who don't want this housing to happen and they will be out in force.

I also spoke to Hazel, who will be there as well.

If you have any questions, please contact me, otherwise I will see you on the 21st.

Thank you so much for helping us out and supporting affordable housing.

Talking Points for Building 93 Affordable Housing Units at One Church Street

Housing Issues	How the BRIDGE project addresses this housing issue
Priority of City housing funding is for affordable family rental units	➡ 93 affordable family rental units
Excellent reputation and skill of housing developer and management company	➡ 16 year history / over 7,000 units built
Compatible design of proposed development with existing residential neighborhood	➡ Edwardian/Victorian 3 & 4 story architecture
Creative use of a transitional site between residential and commercial uses	➡ Residential & commercial uses
Need for safe, secure housing for working families	➡ Units for households earning up to 60% ami, \$600-731/mo. For 1 BR unit
Need to integrate housing for persons with HIV/AIDS with non-disabled housing	➡ 12 hopwa units out of 93 total units
Need for convenient and affordable day care to assist working families	➡ On site day care for residents and the neighborhood
Lack of large sites in the City on which to build a large volume of housing units	➡ Over 1 acre site, can hold 110 units according to code
Need for public transit oriented housing	➡ Site is adjacent to 7 muni lines
Need to minimize traffic and parking congestion	➡ 93 parking spaces on site

Dire need for affordable housing in San Francisco

- 0-2% vacancy rate
- substandard living conditions
- decreasing ethnic, cultural, economic diversity in San Francisco

Preservation Issues

- Existing structure is less than 50 years old, the standard age for landmark eligibility,
- Existing structure is not listed on any historic landmark registers
- Original design was never fully constructed,
- Existing structure was redesigned in 1957 and 1959,
- Existing structure was significantly redesigned in 1967, destroying the architectural integrity of the original structure,
- Architect of the 1967 redesign was not the original architect- did not follow the original design intent,
- Existing structure is not reusable for housing:
 - the costs are extremely prohibitive
 - the overall unit count would result in a net loss of 38 units
 - the overall parking would be below the code required 1:1 ratio
 - reusing the building would demolish the existing exterior and interior, destroying the 1957 and 67 architectural design
 - Many of the architecturally distinctive aspects of the original design have been removed or destroyed.

**Church Street Apartments
One Church Street
BRIDGE Housing Corporation**

A. Proposed Project Description

Developer/Owner	BRIDGE Housing Corporation
Location	One Church Street (the block between Church, Hermann, Duboce and Webster Streets)
Current Use	Cathay Mortuary
Zoning	NC-3, Neighborhood Commercial (which allows 4 stories building height, 3 stories of residential on top of one story commercial) a PUD development allows 110 units on the site
Number of Proposed Units	93
Number of Proposed Parking Spaces	94
Building Height	3 stories along Church and Hermann 4 stories along Duboce and Webster
Retail/Commercial Space	Child Day Care at 2,750 S.F.
Architectural Design	In keeping with surrounding Hayes Valley potential Historic District Area

B. Project Amenities

Amenity	Description
Proximity to Public Transportation	Residents of One Church Street will be adjacent to the Muni stop which serves each of the City's MUNI Underground Lines (F, J, K, L, M, and N), resulting in easy walking access.
Proximity to Major Retail Stores	Residents of One Church Street will be able to walk less than one block, to nearby shops including Safeway, drug stores, and restaurants.
On-Site Parking	One Church Street Apartments will have 93 on-site parking spaces for residents.
On-Site Child Care Facility	One Church Street will have a child care facility that will serve approximately 36 children. This service will be made available to both residents and non-residents.
On-Site Community Room	One Church Street will have a community room available for the use of the residents.
On-Site Computer Learning Center	One Church Street will have a computer learning center on-site for the use of the residents. There will be a part-time staff person to facilitate the use of the computer learning center.

**Church Street Apartments
One Church Street
BRIDGE Housing Corporation**

C. Description of Federal Programs Serving Residents of Church Street Apartments

1. *HOPWA (Housing Opportunities for Persons with AIDS):*

The HOPWA program is a federally funded program that is locally administered by the San Francisco Redevelopment Agency. HOPWA funds are provided to the developer and are used as capital to finance the construction of the development. In exchange for the HOPWA funds, the developer agrees to provide rental housing at below market rates to people living with HIV/AIDS. One Church Street proposes 12 apartments reserved as HOPWA funded units.

2. *Project-Based Section 8:*

The Project-Based Section 8 program is a federal rental subsidy program administered by the Department of Housing and Urban Development, through the S.F. Housing Authority. The developer enters into an agreement with the S.F. Housing Authority to rent specific apartments at no greater than Fair Market Rent established by HUD, to qualifying residents. Residents then pay 30% of their income as rent and the Housing Authority pays the difference in rent to the developer/owner. This enables people of limited income to live at the development, while assuring the developer/owner enough rental income to make the development economically feasible. BRIDGE has committed to the City, as a condition of funding to apply to the S.F. Housing Authority for an allocation of 31 apartments, including the HOPWA units, under the Project Based Section 8 program.

3. *Affordable Units:*

The remainder of the 62 apartments will be rented to individuals and families, whose incomes do not exceed 50% and 60% of the median income or \$34,300 and \$41,160 for a family of four. These residents will pay rents in 1998 dollars ranging from:

\$602 to \$731 for a 1 bedroom

\$707 to \$861 for a 2 bedroom

\$801 to \$979 for a 3 bedroom.

All residents of BRIDGE Housing Corporation properties complete BRIDGE Property Management Company applications.

2.65

5/99

HIV Health Services Planning Council
PWA Caucus

May Report

To: Members, HIV Health Services Planning Council DOCUMENTS DEPT.
Meeting Date: May 5, 1999
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5:30 to 7:00 PM

MAY 18 1999

Members Present: Co-Chair, Tony Leone
Gene Gowdey, Nilda Rodriquez, Matt Sharp

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Others Present: John Claude Koury; Garry Harrell; Michael Moors, minutes; Billy Pick, AIDS Office; Jeff Shuby.

Next meeting: Wednesday, June 2, 1999, 25 Van Ness Ave., Rm. 330-B, 5:30-7:00 PM

HIV Consumer Rights Advocate Project Job Description

TL distributed a draft Job Description for the HIV Consumer Rights Advocate (CRA), and announced the formation of a hiring committee (TC, TL, NR) that will report to the Caucus and Steering Committee. The job description places oversight and management of the project with the Caucus. Billy Pick suggested adding an due date for submitting resumes. TL reviewed the timeline which includes: May 10, draft job description to Steering Committee

May 17, job packet mailed to Council members

May 24, final job description on Council agenda for approval

May 25, begin advertising for position

June 10, resumes due by 5:00 PM

June 11, hiring committee meets 4:00 PM

MS asked how situation arose that Toni Young was leaving the position of Consumer Rights Advocate. TL said the original MOU for the position expired in February, the Caucus modified the MOU, and Toni chose not to continue as the advocate under the revised MOU. He pointed out that the CRA will refer policy issues to the Caucus under the revised MOU. TL said he spoke to Bill Barnes about the possibility of office space at City Hall for the Advocate, he's also checking on office space with the Human Rights Commission. There is not currently money in the CRA project budget for rent. John Claude Koury suggested using a volunteer to work with the CRA. GG spoke about his difficulties working with the CRA, and thinks the contractors feel they are being demonized by the CRA. He's concerned that clients are going to circumvent the grievance process if it's easier for them to use the CRA. He said he would not support the continuation of this project. TL asked if he had any recommendations. GG suggested having the advocate work directly with the providers. Billy said the Caucus needs to do an evaluation of the project including criteria to support its cost effectiveness. John Claude felt there was a need for a CRA for agency clients who have no other recourse. NR said the Caucus needs to examine the project to make sure it works better in the future. She said agency bashing is not appropriate, and that the CRA needs to respect the providers as well as the client. Billy said there needs to be an avenue of recourse for the providers as well. TL said the position was originally conceived as an ombudsperson. GG thought a mediator is what's needed, he doesn't want to see an ongoing battle between the HIV Contractors Ass. and the Council. Billy stressed the importance of evaluation and offered technical assistance to the Caucus to develop a template to evaluate the project.

Community Input forums

MS announced a community forum on the removal of TC and LO from the Council by the Mayor, Monday, May 17, 1999, Metropolitan Community Church, 150 Eureka Street, 6:00 - 8:00 PM, co-sponsored by Act Up Golden Gate. He voiced concern that the situation is not being resolved and wondered what else the Caucus could do. NR said that the Council Co-chairs are meeting with Steve Kawa soon. MS said that politics needs to be taken out of the process.

Needs Assessment

All the focus groups seem to be filled with the exception of Youth. The Caucus discussed ways to recruit more youth. *NR* suggested going to where youth actively meet.

PLWH/A participation on Governing Boards and Boards of Directors.

Billy said information is included in monitoring reports. *MS* said it's hard to require this in a contract, and that it's difficult to disclose publicly. *TL* suggested site monitorings. *Billy* suggested getting the support of the AIDS Office for this concept and then their program managers will push the idea with providers. *TL* said it's going to be impossible for all agencies to meet this goal but the Council should support the position. *MS* offered to do research to see where there are gaps.

Agenda items for next meeting

HIV Consumer Rights Advocate Project – 1 hour.

Announcements

Billy said he attended a good meeting of the Title II planning group. They discussed integration of prevention and care. He said there is pending legislation to prevent drug companies from raising prices more than 10% within any drug classification.

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HIV Health Services Planning Council PWA Caucus

June Report

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To: Members, HIV Health Services Planning Council
Meeting Date: June 2, 1999
Meeting Place: 25 Van Ness Ave., Room 330-B
Meeting Time: 5:30 to 7:00 PM

JUN 24 1999

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PUBLIC LIBRARY

Members Present: Co-Chair, Lisa O'Connor
John Conley, Nilda Rodriguez,

Others Present: Mike Bogan, HPPC/HCRA; Peggy Taylor Campbell, ACT UP Golden Gate; Garrett Coulter, Positive Resource Center; Martin Ellis, Multi Plain Tree; Gary Harrell; Pam Isicks, Community Consortium; Jacob Jacobs; Michael Moors, minutes; Billy Pick, AIDS Office (AO).

Next meeting: Wednesday, July 7, 1999, 25 Van Ness Ave., Rm. 330-B, 5:30-7:00 PM

Public Comment

- *Peggy Taylor Campbell* said staff has told clients of Catholic Charities at Leland House and Peter Claver that the In Home Health program won't send workers to assist people with AIDS. She wrote a letter to the Catholic archdiocese regarding this issue and has not had a response. *Billy* suggested she send copies of the letter to the AO and to the CARE Council.
- *Martin Ellis* said his partner was unable to receive services from the Food Bank despite being on disability. *Billy* suggested he reapply since his income has been reduced, and ask his doctor to write a letter describing his condition. *NR* said it would be helpful for him to meet with a case manager.
- *Pam Isacs* voiced concern about nepotism and uncaring attitude toward clients by staff at the Brandy Moore housing project, which is part of the Rafiki housing program. She said Corritus Management has not fixed problems brought to their attention many months ago. *Billy* recommended she send a letter regarding her concerns to the Executive Director, Black Coalition on AIDS, and send copies to the AO and CARE Council. He offered to discuss the letter with her.

HIV Consumer Rights Advocate Project Job Description

NR distributed the Job Description for the HIV Consumer Rights Advocate (CRA). *LO'C* said that the job description places policy oversight of the project with the Caucus, and that one co-chair of the Caucus and one co-chair of the Council will share supervision of the position. Resumes are due June 10, by 5:00 PM. The hiring committee will meet June 11, at 4:00 PM, to review the resumes. *Mike* said there are six clients presently receiving services from the CRA project. He urged the Caucus to continue serving current clients during the transition. *NR* said the intent of the Council is to continue service to clients without interruption. *Peggy* said the CRA needs to have a good rapport with clients, and that providers easily intimidate some clients. *Mike* pointed out that the position needs its own grievance procedure. *Billy* said that all CARE funded providers are supposed to have a grievance procedure. *Mike* said that not all of them do. *Peggy* said that most issues could be resolved through in-house grievance procedures. *NR* said it was the intent of the Council that clients would contact the CRA after having exhausted all other grievance procedures. She noted that the advocate needs to work with the agencies as well as the clients. *LO'C* pointed out those clients who are able to resolve disputes themselves feel more empowered, and the goal of the CRA should be to assist clients without doing everything for them. Clients who act on their own behalf usually get a better resolution. *NR* said it's important that the CRA be aware that some clients may not be eligible for services due to behavioral problems.

Agenda items for next meeting

HIV Consumer Rights Advocate Project.
Review the needs assessment as it applies to the Caucus.

Announcements

NR encouraged people to apply for membership on the Council.

August Report

AUG 17 1999

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To: Members, HIV Health Services Planning Council
Meeting Date: August 4, 1999
Meeting Place: 25 Van Ness Ave., Room 330-B
Meeting Time: 5:30 to 7:30 PM

Members Present: Tony Leone, Lisa O'Connor, Matt Sharp, Al Terrazas, Nilda Rodriguez.

Others Present: Gary Harrell, Community Advisory Board; Jim Illig, Project Open Hand; Robert Samson, minutes.

HIV Consumer Rights Activist

TL recommended consideration of *Richard Bargetto*, a lawyer working with HIV groups in Santa Cruz. He seemed to understand mediation, and was available to start September 1. MS asked if he was HIV-positive. TL responded yes, and it was self-disclosed. MS asked if he lived here. TL replied that he lived in Santa Cruz, and would have to be brought up to speed, which he volunteered to do. MS felt it was good that he was an outsider. A vote was held in which it was recommended hiring *Richard Bargetto*, to be sent to the Steering Committee.

Following was a discussion about attempts to retrieve office equipment that had been purchased by *Toni Young*, the former advocate. Jim Illig pointed out that any equipment purchased with city funds belonged to the county. TL reiterated that a letter had been sent to her, and they would wait to see if she responds.

Community Forums

TL stressed the importance of advance planning for the forums. He asked LO'C to take the lead, and she accepted. He asked that special attention be directed to Bayview. MS talked about the difficulties encountered last year in trying to get the council to help. He questioned the need for the forums since the Support Center was going to do focus groups. TL elaborated on the educational value of the forums rather than as needs assessments. He felt people needed a place to ventilate. He suggested doing five forums for the whole year. It was decided to focus on Bayview, Tenderloin, Castro, Mission and Western Addition. MS felt it needed one person to spearhead it. NR suggested two people working together to organize them. (NR, MS and Gary Harrell agreed to assist). TL clarified the need for a calendar, specific locations and people to co-ordinate. There was a discussion on possible locations. MS felt it was important to go where the consumers were to advertise. TL stressed the need to get it to the Bay Area Reporter early enough to be included. It was decided to have them in October, January, February, March and April. NR suggested getting a list of the Spanish newspapers in the Mission. TL responded by saying that it was important not to forget translation services.

Open Hand Letter

TL addressed the issue of re-certification every six months, and asked if the board of Open Hand would reconsider. Jim Illig responded that the recommendation came from the physicians on the eligibility committee as a way of linking food with primary medical care. The point was to re-focus on people who were sick. LO'C asked what diagnosis was required. Jim responded that it was not by diagnosis but by symptoms within the last six months. He then read a list of symptoms. LO'C discussed the difficulty for some clients to contend with forms. Jim said that people had three shopping periods before the form was required, and that no one had failed to return the forms. LO'C suggested peer advocates to help with the

forms. *Jim* replied that caseworkers would ask who the case managers was, or get on the phone to the physician. *MS* expressed concern for people who could not afford food but did not qualify because of a lack of symptoms. *Jim* replied that this was not an anti-poverty program, although it was how the program was being used, which is what caused the re-focusing. *MS* asked if there were other places for people to get this service. *NR* mentioned SHARE. *LO'C* asked about people who didn't qualify. *Jim* responded that they worked with people to find other resources, and that no one received more than 2/3 of their food needs from Project Open Hand. He explained that even if they did not qualify at the present time, the moment they got sick they could receive food. *AT* asked if they were doing physician checks. *Jim* responded in the affirmative. In response to a question about the motivation for the changes, he explained that 1/3 of the people had been using the service for five years or more, and that there was a need to restructure things to save money. *MS* asked what cost cutting measures Project Open Hand was undertaking. *Jim* responded that they had rented out part of their space to Shanti, and were seeking to carve out more rental space for a dental clinic. *AT* asked about more sweeping changes in the future. *Jim* replied that they had considered many different options and were motivated to continue service to those most in need. He didn't anticipate any future changes. *MS* asked who came up with the 21-day cut-off. *Jim* replied that the physicians had come up with it. *AT* felt that those who were most sick were being required to make another trip. *Jim* responded that very few people got groceries delivered because there were very few homebound people. *MS* advocated sending a letter to the board about the six-month requirement, and he volunteered to write it. *TL* and *LO'C* agreed to sign it as co-chairs. He reiterated his concern for those who were asymptomatic but could not afford food. *Jim* replied that only _ of the clients they served were paid for by CARE money. The rest derived from fund raising. He also suggested recommending in the letter that HIV positive consumers be included in the decision making process.

Drop-In Centers

MS said a committee had been formed at the Prioritization meeting to look into them, and that it wasn't necessary to discuss them at that time.

Case Management

TL discussed the need for better co-ordination and definition of what case managers were supposed to do. *MS* said the AIDS Office needed to provide more direction. *Jim Illig* said that the AO had developed standards a few years ago. *TL* suggested developing a motion, following Prioritization, to get the AO to pull out their policies and find out who was doing what.

All CARE Council and Committee meetings are held in accessible sites, and are open to members of the public. Participation of people living with HIV is strongly encouraged. Minutes and all information distributed to Council members are available for public inspection and copying. For further information contact Council staff at 415/863-5462.

FEB 24 2000

HIV Health Services Planning Council
PWA Caucus

February Report

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Meeting Date/Time: Wednesday, February 2, 1999, 5:00 – 7:00 PM
Members Present: Eric Whitney, Jim Mitulski, Co-Chair, Ray Combs, Gary Harsell, Alliena P. Baker
Others Present: Bill Barnes, Mayor's Office, Marilyn Murguin, South African visitor, Michael DeMayo, Harder and Company Research, Richard Bargetto, HIV Consumer Advocate
Next Meeting: Wednesday, March 1, 2000 25 Van Ness, Room 330-B, 5:00 PM – 7:00 PM

Introduction

EW opened the meeting. He introduced the new co-chair of PWAC, *JM*. There was concern expressed regarding the other co-chair that has not been present to PWAC since November 1999. *JM* will contact the other co-chair to see if she was still interested in the co-chair. *EW* reported that he mailed a new Council list to everyone. *EW* stated that while there is not a requirement regarding gender difference in having co-chairs it is asked that co-chairs be Council members. This is so the CARE Council can hold meetings and members responsible for implementing Council concerns. *VC* did call to apologize for missing the PWAC meeting. She started a new job and is still trying to order her time commitments.

Review and Approval of Agenda

JM reviewed the agenda and asked for any other items to be added. *EW* announced that *Michael DeMayo*, Harder and Co. Research would discuss the Client Satisfaction Survey Task Force. *Bill Barnes* had concerns from the Mayor's Office. *BB* expressed confusion regarding the 25% consumers, 50% PWA requirement of the CARE Council's membership make-up. *EW* stated that a minimum 50% of the CARE Council be PWHIV/A, at least 25% of the CARE Council be PWHIV/A have no conflict of interest. Meaning that they don't work for a CARE funded agency. The question was raised regarding those PWHIV/A that don't access CARE services. *EW* asked that the question be referred to the Membership Committee for clarification.

Marilyn Murguin introduced herself and spoke about the epidemic of HIV/AIDS in South Africa.

Updates on Community Forums

The Mission Forum will be held on Friday, Feb. 25, 00, 7:00 PM – 9:00 PM, at Mission Presbyterian Church, 3261 23rd Street (Mission Street). Outreach planned includes bars, churches and agencies in the area to be informed. The meeting will be bi-lingual childcare is being considered if there is additional space. *Billy Pick* is seeing if the AIDS Office has the equipment to provide simultaneous translations. *LG* will chair the Mission Community Forum. A licensed childcare provider can be provided, if needed. A panel and agenda has been formed for the forum. The subcommittee will come back with a flyer and other information. Another subcommittee meeting was set for Thursday, Feb. 17th at 5:00 PM at Room 330-B. There are tentative sites for the other forums. Third Baptist Church for the Western Addition, Tenderloin Community Church in the Tenderloin and MCC in the Castro. All the forums will be held at the last week of the month but no dates have been set.

HIV Consumer Rights Advocacy Project Report

RB reviewed the Consumer Rights report. (See Attachment A). *RB* noted that he received nine new cases this month. *RB* was contacted by a group of residents from a housing agency concerned about the increased in substance use in their facility as a change from a Clean and Sober model to a Harm Reduction model was implemented at the facility to place it in compliance with city laws. *RB* reported that they felt their sobriety and safety is threatened by the increase substance use. *RB* is attempting to

negotiate Prevention meetings on-site for the residents and is encourage the residents to form a Tenant Association. He ask of anyone has any information on forming a Tenant Association please speak to him. In discussing another case regarding Durable Power of Attorney for Healthcare, *RB* referred members to the AIDS Legal Referral Panel at 415-291-5454. This is done for free.

Presentation from Harder and Co. Research

Michael DeMayo, Harder and Co. Research spoke about the Client Satisfaction Survey Task Force. He reported that last April a Needs Assessment Study was done in San Francisco and San Mateo. The focus group component of the study related to the quality of services. The outcome of the Caucus was a client satisfaction survey that the CARE Council commissioned Harder and Co. to perform. While all agencies are required to do client satisfaction surveys because of inherent inconsistencies, Harder and Co. is attempting to standardize the client satisfaction tools across all providers. A pilot test will be conducted in the next few months. On Tuesday, 2/8/00 at 3:30 PM – 5:00 PM and Wednesday, 2/9/00 at 9:30 AM – 11:00 AM both in Room 330-A, 25 Van Ness, there will be an Orientation meeting to get members for a working group. The working group will meet weekly during the development phase of the project. Then meeting again to review to study results. A survey tool from another county will be used as a base for developing this tool. The outcome hoped that an independent contractor evaluating client satisfaction across providers. Harder and Co. will provide TA for contractors in using the information from the final client satisfaction tool to improve services. The time commitment is estimated at six weeks of meeting weekly for two hours meetings. When the fieldwork is completed the group will meet to evaluate the data and discuss how to present the data to the CARE Council. The survey will ideally be used be filled out by as many consumer as possible. *EW* reported that this working group is a good way of getting involved in the Council and the process of working with information gathering. He reported that this was originally called Quality of Care but was identified as a client satisfaction. He felt that though agencies are required to perform client satisfaction surveys they are inherently sample biased. This will provide an anonymous opportunity for individuals to get information to Council about client needs for Council to assess. Since the tools are not standardized across agency, there is not a way to compare and glean meaningful information. The funding is coming from last year's unspent Council Support budget. This budget includes staffing and food, Consumer Advocate and Council administrative fiscal agency. He states there are some questions regarding next year's budget. This tool will, hopefully, be a blueprint for other tools. *BB* wanted it to be clear that client satisfaction is not quality of care. He stated, as an example, that you may like your dental agency and still have poor dental care. *MD* stated that one of the requirements would be that members that are chosen have to make the commitment to be a part of the whole process.

Adjournment

EW adjourned the meeting.

HIV CONSUMER RIGHTS ADVOCACY PROJECT

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PWA CAUCUS – JANUARY REPORT

LAST MONTH'S UNRESOLVED CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	Leland/C.C.	Eviction	Resolved
2-	Housing	S.F.A.F.	Subsidy withdrawn	Pending
3-	Housing	Baker Places	Eviction with subsidy	Pending
1-	Client was being evicted from Leland House for alleged drug dealing. Advocacy Project referred to the A.L.R.P for legal assistance and was working to get the client an extension from his eviction. Client was eventually evicted.			
2-	Client received a financial windfall through a legal settlement. Because of such event, Client was forced to reimburse the S.F.A.F. for two months of the subsidy he received as well as had his housing subsidy suspended for one year. Advocate is working with client to determine how much money he "actually received" from the settlement. Advocate is meeting with S.F.A.F. to determine whether the nature of such windfalls can disqualify a client from service.			
3-	Client was not comfortable in his current living situation and Baker Places believed client would be more appropriately placed in a one-bedroom subsidy program. Baker Places offered this subsidy to client last summer and suggested move-out date last year. Advocate mediated a compromise whereby client was able to remain in his current apartment until 3/1/00 and would receive apartment search services along with his subsidy. Currently, this agreement is in the final draft stages.			

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Food Asst.	Shanti	Suspension due to alleged violence	Pending
2-	Housing	Peter Claver/C.C.	Housing Denied	Pending
3-	Housing	Leland House/C.C.	Quality of Care	Pending
4-	Housing	Peter Claver/C.C.	No Power of Attorney on File	Pending
5-	Housing	S.F.A.F.	Subsidy Withdrawn	Pending
6-	Medical	U.C.S.F.	Patient Notification	Pending

- 1- Client was allegedly violent towards another client at Shanti. Because Shanti is in the HIV Services Partnership with AHP & SFAF, client was denied services to all three agencies. (Note: Suspended service does not affect client's status on Housing Wait List.) Advocate is researching the policies which discuss client suspension of service, client notification of suspension and client appeal process.
- 2- Client was denied housing at Peter Claver/Catholic Charities due to previous domestic violence convictions. Advocate is working with client on appealing this decision, especially in light of the fact that the original reason given for client's denial, which were given orally, were inconsistent with the reasons stated in writing.
- 3- Many clients believe their sobriety is being threatened by the Harm Reduction Model adopted at Leland House. Advocate is working to ensure Relapse Prevention Meetings begin and is working with residents to create a Tenant's Association to resolve some problems internally.
- 4- Client passed away this month and did not have a Durable Power of Attorney for Health Care (DPAHC) or a will which directs how his body would be disposed. Client's body was shipped to the public administrator contrary to the desire of friends. Advocate is attempting to locate a DPAHC and contacting agencies to prevent problem in the future.
- 5- Client was told that his housing subsidy would be withdrawn if he was evicted. Advocate is working with A.L.R.P. to prevent the eviction and also to prevent that the subsidy is not withdrawn.
- 6- Client was allegedly not properly notified of his change in primary care provider at U.C.S.F. Advocate is working with client to determine the facts as to whether he was properly notified.

Referral Calls - Total 6 - A.L.R.P. (2), SFAF (2) AIDS Nightline (1) Lutheran Social Services (1)

- Not C.A.R.E. funded

(Report prepared by Richard Bargetto on 2/1/00)

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PWA CAUCUS – APRIL 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	Peter Claver/Catholic Charities	Housing Denied	Pending
2-	Housing	SFAF Rental Subsidy	Termination of Subsidy	Pending
1-	After being referred from the Housing Wait List, Client was denied housing at Peter Claver/Catholic Charities due to previous domestic violence convictions over one year ago. Peter Claver originally allowed for the client's re-application in one year, but through mediation has reduced it 6 months. Advocate is working with the client on appealing this decision and is at stage four of a five-step grievance/appeal process. Advocate & client will meet with Chief Operating Officer of Catholic Charities this week.			
2-	Client misrepresented his lease agreement to the SFAF in order to keep his housing subsidy. Client apologized for his imprudent behavior and believes that his health situation presented him with no other options. With the assistance of the Advocacy Project, Client is beginning the grievance process. Advocacy Project is also monitoring this grievance to insure that the decision to terminate the subsidy was made consistent with SFAF termination policies.			

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	Peter Claver/Catholic Charities	Meals & Meeting Restrictions	Pending
2-	Housing	Peter Claver/Catholic Charities	Case Management	Pending
3-	Housing	Peter Claver/Catholic Charities	Eviction	Pending
4-	Primary Care	STD Prevention & Control	Quality of Care	Resolved

5-	Case Mngmt	T.A.R.C	Inequity of Services	Pending
6-	Housing	S.F.A.F	Voucher Denied	Pending
7-	Primary Care	U.C.S.F	Patient Notification	Pending
8-	Case Mngmt	SFAF	Quality of Care	Pending

- 1- Client has been restricted from the cafeteria during regular meal times and from house meetings due to inappropriate and disruptive behavior. Client has exhausted the internal grievance process. After an investigation, the Advocacy Project found that Peter Claver restricted services in an equitable manner. Client receives meals approximately ½ hour after all other residents. Although Client has been denied access to house meetings, client receives all minutes from house meetings and participates in any vote that may occur at these meetings.
- 2- Client alleges poor case management services at Peter Claver, namely lack of bilingual services and cultural insensitivity. Advocacy Project has begun an inquiry into the allegations.
- 3- Client has received an eviction notice from Peter Claver based on allegations of threats to staff and updated housing needs. Advocacy Project has meeting scheduled this week with Program Director to negotiate a delay, if appropriate.
- 4- Client was given wrong information about his STD results. After learning the correct results, client requested his final results in writing but encountered difficulty in attempting to get them. With the help of the Advocacy Project, client filed a grievance regarding lack of policies about getting written lab results and the inability to file a grievance. Now, clinic has policies posted about the availability of getting all lab results in a written form as well as a policy about how to file a grievance with agency.
- 5- Client claims that he is unable to access services at T.A.R.C. because he is perceived to be too healthy or without an “emergency needs.” Also, client claims he has received ineffective case management and confronts cultural insensitivity while trying to access services. Advocacy Project has assisted client in step 1 of the grievance process.
- 6- Client claims that he has been denied housing vouchers from the SFAF due to his disruptive conduct at a SRO. Client claims that he was not in the building at the time of the disruptive behavior and thus could not have created it. Therefore, client claims he should not be denied the housing voucher. Advocacy Project is investigating the incident to determine the facts surrounding the denial of client’s housing voucher and whether the termination was equitable.
- 7- Client contacted the Advocacy Project about the poor notification that occurred during the termination of his primary care provider at U.C.S.F. Client has re-instituted his complaint after a brief suspension. Advocacy has contacted the U.C.S.F. and is awaiting a reply regarding the circumstances around this specific case as well as the policies regarding patient notification and implementation.
- 8- Client claims that he was denied housing opportunities due to ineffective case management at the SFAF. Advocacy Project is conducting an inquiry into the allegations and helping client find new case management at Mission Neighborhood Health Center.

Total Referral Calls - 5 - A.L.R.P. (1); Baker Places Grievance Procedures (1); T.A.R.C. Grievance Procedures (1); ADAP (1); Catholic Charities Grievance Procedures (1)

APR 21 2000

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Meeting Date: April 5, 2000

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Veronika Cauley (Co-chair), Mark Dunlop, Catherine Geanuracos, Gary Harrell, Michael Meehan, Jim Mitulski (Co-chair), and Eric Whitney

Others Present: Richard Bargetto, Consumer Rights Advocate; Steven Feeback, minutes; Sister Mary Mae Himm, Sisters of Perpetual Indulgence; Brad Hume, prospective Council member; Richard Shadoian; and Gary Virginia, Positive Resource Center.

Next Meeting: Wednesday, May 3, 2000, 25 Van Ness, Room ____, 5:30-7:00 PM

Welcome and Introductions

Veronika Cauley said she had been out of town and had missed a couple of meetings for that reason. She, however, wanted to assure everyone that she intends to stay involved in the caucus. She is still one of the Co-chairs. Jim Mitulski is the other Co-chair.

HIV Consumer Rights Advocate's Report

Richard Bargetto distributed copies of his written report for the month of March 2000. Richard first spoke in general about his role, saying that he takes grievance information from individual clients who are recipients of services at CARE-funded agencies. He gets involved when something has gone wrong in the interaction between a client and a care provider. Richard reviewed each case from the past two months and took some suggestions offered by people at the meeting. A copy of his report is attached.

Community Forums

The Castro Community Forum was held on March 28th. We had some feedback from consumers of mental health, substance use, housing, and dental services. Even though it was a small group, the people there had utilized a variety of services funded by the CARE Council. Thank you again to the members of the Council who attended.

There followed some discussion about whether or not it is worthwhile to continue with the forums. Some participants felt that even with good outreach there is not a burning desire among very many people in the community to come to such a forum and talk about experiences with the service system. Perhaps the topic is not specific enough, or at the moment the forums are not connected to the prioritization process. Also, there is a fair amount of discouragement with the service system. Some consumers would like to be sure there are mechanisms in place so that the input received at forums is actually used to make needed changes. *EW* said that such concepts as integrated care centers and decentralized dental care have come about as a result of consumer input provided through the Needs Assessment and the forums.

The schedule of upcoming community forums has targeted the Western Addition and the Tenderloin. However, it was decided to postpone the scheduled forums in order to allow some time for making improvements. The schedule will be revised later.

PWA Caucus Meeting

Social Gatherings

The Sisters of Perpetual Indulgence and the Metropolitan Community Church have decided to sponsor some social events, which are scheduled for the first and third Fridays of May (5:30 to 7:30 PM) in the garden at MCC on Eureka Street. The idea is to try something purely social with food and networking. Admission is free, but donations will be accepted. This event, Simply Social, will be for HIV+ people and their partners/friends. There was some discussion about the diversity issues of the social atmosphere.

Housing Wait List

Jim Mitulski announced the plan to close the process of putting new people on the Housing Wait List as of July 1, 2000. This raised a number of concerns for people in the PWA Caucus. The nature of a vote that took place in the Housing Committee on this issue was somewhat unclear.

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PWA CAUCUS – MARCH 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Food Asst.	Shanti	Suspension due to alleged violence	Resolved
2-	Housing	Peter Claver/C.C.	Housing Denied	Pending
3-	Substance Use	Walden House	Inconsistent Policy Application	Withdrawn
4-	Dental Services	UOP Clinic	Burdensome Requirements	Resolved
5-	Housing	Derek Silva	Eviction	Resolved
6-	Housing	Baker Places	Inconsistent Policy Application/Quality	Resolved

- 1- Client was violent towards another client at Shanti. Because Shanti is a member of the HIV Services Partnership with AHP & SFAF, client was denied or "restricted" from services to all three agencies. (Note: suspended service does not affect client's status on Housing Wait List.) Advocate conducted an inquiry into the facts surrounding the incident and found that Shanti had acted appropriately. Client has withdrawn his complaint through inaction.
- 2- After being referred from the Housing Wait List, Client was denied housing at Peter Claver/Catholic Charities due to previous domestic violence convictions over one year ago. Peter Claver will allow for client's re-application in one year. Advocate is working with the client on appealing this decision and is at stage three of a five step grievance/appeal process.
- 3- Client believed that he was asked to leave Walden House for using controlled substances while other clients who were also allegedly using controlled substances were not asked to leave. Client wanted the option to returning to the program if possible. Advocate began an inquiry into the nature of the dismissal and the possibility of client's re-entry into the program. Walden House agreed to allow for the client to re-apply; however, client believes trust is broken and has withdrawn complaint.

- 4- UOP Dental Clinic requires laboratory results (CBC, CD4, Viral Load, Platelet count) every six months in order to receive treatment. Client believes this requirement is unduly burdensome. At step one in the grievance process, Clinic stated that this requirement is not imposed by UOP, but by the C.A.R.E. Act. Now, at the final step in the Grievance Process, the Clinic stated that medical information is necessary for patient safety. Client ultimately did receive dental services. Advocate will discuss with UOP on ways to lessen the client's burden of documentation while still maintaining client safety.
- 5- Client was restrained and removed from Derek Silva after numerous alleged threats of violence including burning down the building. Eviction proceedings were initiated. Advocate met with both client and Program Director for a possible resolution and to determine if client's housing goals needed to be updated. Also, Advocate is working with client and Derek Silva about a stipulated judgment which would allow for the client's return to Derek Silva after seeking mental health services for six months.
- 6- Client contends that he is required to attend weekly meetings while other residents do not have this same requirement. Also, client does not agree with the application of the Harm Reduction Model as he finds it challenges his sobriety. Finally, client contends that the apartment is inadequately furnished. Advocate met with Baker Places and many of the issues have been resolved. Although the furniture delivery has still not been delivered for the communal area, the other issues have improved.

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	Derek Silva	Possible Eviction	Resolved
2-	Housing	SFAF Rental Subsidy	Termination of Subsidy	Resolved
3-	Housing	SFAF Rental Subsidy	Termination of Subsidy	Pending
4-	Case Management	Filipino Task Force	Breach of Confidentiality	Resolved

- 1- Client threw a glass table top against his wall in his room while talking with his caseworker. Caseworker file a Temporary Restraining Order (TRO) against client and Derek Silva began discussions about evictions. Advocate met with Program Director and Clinical Coordinator and created a stipulated plan whereby client will not be evicted if he agrees to abide by the terms of the TRO and will meet with therapist at Center for Special Problems to work on anger management issues. Client has been compliant.
- 2- Client misrepresented his lease agreement to the SFAF in order to keep his housing subsidy. Advocacy Project requested a reconsideration of his case in light of his circumstances. Upon a second review, the SFAF agreed to reinstitute the client's subsidy.

- 3- Client misrepresented his lease agreement to the SFAF in order to keep his housing subsidy. Client apologized and believes that given his health situation he had no other options. With the assistance of the Advocacy Project, Client is beginning the grievance process. Advocacy Project is also monitoring this grievance to insure that the decision to terminate the subsidy was made with the consistent application of SFAF termination policies.
- 4- Filipino Task Force On AIDS Board Member disclosed former Employees and volunteer's HIV status to friend of client's family under the assumption that former employee had waived his privilege of confidentiality because he gave presentations on HIV/AIDS on behalf of FTFA. Client believed he had not waived his privilege and was concerned about his family learning of his status. Advocate conducted a mediation whereby the Board Member apologized and FTFA Executive Director agreed to conduct discussions on the nature waiving one's privilege through public speaking with all board members and staff.

Total Referral Calls - 10 - Derek Silva Grievance Procedures (2); A.L.R.P. (1); Mayor's Office (1); SFAF Case Management (2); ; HWL (1); HOPWA/Catholic Charities Grievance Procedures (1); SF Bar Association Immigration Referral Service (1); Oakland AIDS Services (1)

(Report prepared by Richard Bargetto on 4/3/00)

HIV Health Services Planning Council
PWA Caucus

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MAY 19 2000

SAN FRANCISCO
PUBLIC HEALTH DEPARTMENT

Report

Meeting Date: May 3, 2000
Meeting Place: 25 Van Ness Ave., Room 330-B
Meeting Time: 5:30 to 7:00 PM
Members Present: Veronika Cauley (Co-chair), Gary Harrell, Michael Meehan, Jim Mitulski (Co-chair), Greg Neumark, and Eric Whitney
Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; and Steven Feeback, minutes
Next Meeting: Wednesday, June 7, 2000, 25 Van Ness, Room 330A, 5:30-7:00 PM

Welcome and Introductions

Veronika Cauley, Co-chair of the PWA Caucus, reported about her trip to Washington, DC and her participation in the Millennium March on Washington. She was to be one of the speakers at the rally, but she got compressed to about 20 seconds of speaking time. Many of the speakers were forced to just say their names. She was also discouraged with some people not going to the march and not supporting the effort. The highlight for her was meeting with the parents of Matthew Shepard.

Housing Wait List

Jim Mitulski reported on a meeting between staff members at the Department of Public Health and some members of the Caucus. He said that everyone tried to go back and concentrate on how to make changes for the benefit of people with HIV and AIDS. He emphasized how important it is that people with HIV/AIDS take part in the public forum (May 10th) that has been set up to take input and in other discussions about DPH plans for the Housing Wait List. He believes that DPH staff is struggling with this situation and are sincere in trying to make it work. *Eric Whitney*, who participated in this meeting, said he learned to what extent the SF AIDS Foundation's role is pretty much just as an administrator of the list. DPH has the decision-making capacity about housing programs for people with HIV and AIDS. Many people in the Caucus expressed complaints about their treatment by the Foundation and the rules that have been applied. When your number comes up, the stress is ridiculously high.

Mayor's Homeless Coordinating Board

JM had his application rejected for mayoral appointment to this policy position. He expressed his concern about the lack of representation on this body by our constituency of people with HIV and AIDS. He was told that it's not the Mayor's policy to include such representation, even though Johanna Keeley attended two meetings of the Housing Sub Committee and explicitly asked for representatives to apply.

HIV Consumer Rights Advocate's Report

Richard Bargetto distributed copies of his written report for the month of April 2000. Richard reviewed each case from the past two months, older cases as well as the new cases. He took some suggestions offered by people at the meeting. Again, a majority of cases are related to housing services. A copy of his report is attached. Richard also announced that he has a volunteer assistant now, Brad Hume. Richard and the other support staff are getting paid again. The change of contracts between Compass Point (Support Center) and Positive Resource Center created a number of problems for everyone, many of the problems due to the slow process of certifying contracts. Even after the contracts are finally certified there will still be outstanding issues about Richard's employment status in particular.

HIV Health Services Planning Council PWA Caucus

Community Forums

Tenderloin AIDS Resource Center—TARC—has agreed to help with the next community forum. The PWA caucus asked for dates toward the end of June, perhaps the 20th and if not the 27th.

AIDS Candlelight March

This year's event is scheduled for May 21st. It leaves 8:00 PM from 18th and Market. There's a Worship Service prior to the march at 6:30 PM, at MCC, with Yvette Flunder, City of Refuge, and Cecil Williams, Glide Memorial. A brief program will follow at the SF Public Library, with Rudy Gallindo speaking there.

New Business

Should Richard's report have agency names included? Discussion confirmed that we're not making funding decisions here; we're talking about PWA issues and/or grievances. The form of Richard's report suits the needs of members. By the way, it was unanimous that Richard is doing a fine job. A grievance recently aired, about a breach of confidentiality, has become a point of some controversy, but members feel that Richard's approach to reporting his cases is appropriate.

7/00

HIV Health Services Planning Council

PWA Caucus

Meeting Date: June 7, 2000

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Veronika Cauley (Co-chair), Ray Combs, Gary Harrell, Jim Mitulski (Co-chair), Rob Whitford, and Eric Whitney

Others Present: Alliena Baker, Filipino Task Force on AIDS (FTFA); Rami Banaag, FTFA; Richard Bargetto, HIV Consumer Rights Advocacy Project; Steven Feeback, minutes; and Margaret Lacson, FTFA.

Next Meeting: Wednesday, July 6, 2000, 25 Van Ness, Room 330, 5:30-7:00 PM

Welcome and Introductions

Veronika Cauley announced that she would be receiving an award, along with some other people who've been very active in the fight against AIDS: Billy Pick, Diane Felix, and Bill Barnes. It's an event that is celebrating Lesbian/Gay/Transgender Pride Month sponsored by KQED.

Public Comment

Margaret Lacson explained the background of a current problem in providing services to the Filipino community. A grievance lodged against one of the members of FTFA's volunteer Board of Directors, then satisfactorily resolved through the use of Richard Bargetto's office, has since become a point of contractual dispute. She said that FTFA has 12 years of providing services and providing a sense of community to HIV-positive people in the Filipino community. Their staff includes a number of people who speak Tagalog. The operating budget for their program of direct services comes through a CARE contract to the API Wellness Center, and a sub-contract to FTFA. The problem that arises now is that the API Wellness Center has terminated the sub-contract, leaving FTFA without funding for direct service provision. The Dept. of Public Health (Mitch Katz) has said that his office doesn't want to get involved in the dispute, because a Memorandum of Understanding (MOU) governs the relationship between the two agencies. FTFA clients spoke about a lack of culturally sensitive services and Tagalog speaking staff at the API Wellness Center. They said the grievance, not even the result of a client complaint, was being used as an excuse to take over a contract and obtain more money. *VC* spoke forcefully in favor of trying to do something to help the clients involved with FTFA. *Eric Whitney* talked about MOUs, which he described as a mechanism instituted by the AIDS Office to bring about collaborations. He sees something amiss when a mechanism for collaboration is subverted by contractual language that gives the power of termination totally to one partner of the agreement. Further, he feels that the contract was awarded in the first place because of the expertise of FTFA, as a community agency. The community relationship was central to the health service at the time the contract was written and approved. This shouldn't be changed at whim, with no due process except 30 days notice. This is supposed to be about providing services, based upon agency collaboration. *Ray Combs* agreed with Eric. *Margaret Lacson* reported that a protest had been called for the following day in front of City Hall. Eric volunteered to write a set of letters on behalf of the PWA Caucus. The Council members who were present voted unanimously (6-0) to support the call for Eric to write such a letter.

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JUN 22 2000

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Long Range Planning/5-year Strategy Task Force

EW gave a brief report on how the Council was getting this process underway. He called for broad participation and input from diverse sectors, including a significant number of People with HIV/AIDS.

HIV Consumer Rights Advocate's Report

Richard Bargetto distributed copies of his written report for the month of May 2000. As in prior months, his report covers a summary of cases that had been pending as well as the new cases that have arrived on his desk. Richard's work received high praise from Caucus members.

Community Forums

Tenderloin AIDS Resource Center—TARC—is still prepared to help with the next community forum. *Jim Mitulski* thought about the option of waiting until the end of July to do this one. That idea was agreed upon by other members.

2.65

Health Services Planning Council

Report

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AUG 24 2000

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PWA Caucus Meeting

- Meeting Date:** July 5, 2000
- Meeting Place:** 25 Van Ness Ave., Room 330-B
- Meeting Time:** 5:30 to 7:00 PM
- Members Present:** Gary Harrell, Jim Mitulski (Co-chair), Rob Whitford, and Eric Whitney
- Others Present:** Steven Feedback, minutes; and Derrick Mapp, Council Support.
- Next Meeting:** Wednesday, August 2, 2000, 25 Van Ness, Room 330B, 5:30-7:00 PM

Welcome and Introductions

Rob Whitford talked about the struggle of the Native American AIDS Project. They offer culturally specific services that serve some 60-80 clients, most of whom would not want to go to any other agency for similar services. At NAAP, people with HIV/AIDS receive mental health and alternative healing care in a very supportive environment. Also, Council member Michael Meehan has been sick lately.

Community Forums

Tenderloin AIDS Resource Center—TARC—is still prepared to help with the next community forum. It had been scheduled for Tuesday, July 25th at 6:00 pm. Everyone said they would communicate about the agenda via E-mail. We'll provide the food and drinks. Food vouchers will be available. Other Tenderloin-based organizations will be informed and a press release will go out to the gay papers.

Gay Mens Health Summit

It is hosted this year by the Boulder County AIDS Project and will be held July 21-23. *Jim Mitulski* attended the first one and this is now the second one. The cost to attend is relatively low.

Letter to Mitch Katz

Eric Whitney read a draft version of the PWA Caucus's letter growing out of the discussion during last month's meeting in which we heard from clients and staff from the Filipino Task Force on AIDS. The decision in this case to terminate a Memorandum of Understanding has the affect of disenfranchising the clients. We intend to push for a new feature in future contracts saying that if either party in a major service-delivery relationship defined as contractor-to-subcontractor desires a unilateral change, then the change can only be done through a process that consults with clients about their needs.

Long Range Planning/5-year Strategy Task Force

EW gave a brief report on how the Council was getting this process underway. Eric suggests the PWA Caucus oversee the development work for two sections of the plan: 1) a description of existing barriers to care and weaknesses of the current system, 2) other issues which impact the delivery of services in the EMA. Eric plans to have more discussion on each of these topics at our next Caucus meeting in August. And, he will try to focus a part of the upcoming community forum on an effort to describe some of the barriers to care experienced by clients in the

Tenderloin. Jim sees this effort to elaborate a 5-year strategic plan as an opportunity to focus greater attention on the compelling need that People with HIV and AIDS have in relation to housing. Derrick told everyone about his horrible experience when referred for emergency housing in one of the SRO hotels.

Six-Month Work Plan

EW introduced the need to focus on our next-six-month work objectives. This discussion will take place at the next meeting.

Co-Chair Resignation

EW announced that he was not going to run again for Council Co-Chair and may resign before his term expires. Therefore, he suggested that the PWA Caucus members start thinking about who would be the best person to be nominated by and supported by the Caucus.

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PWA CAUCUS – JULY 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	Peter Claver/Catholic Charities	Eviction	Resolved
2-	Housing	S.F.A.F	Voucher Denied	Pending
3-	Primary Care	U.C.S.F	Patient Notification	Pending
4-	Housing	Derek Silva/Catholic Charities	Quality of Care	Pending
5-	Housing	SFAF	Cultural Competency	Pending
6-	Housing	Restoration House/Ark of Refuge	Transgender Ambiguity	Pending
7-	Case Mngt	API Wellness Center	Alleged Breach of Confidentiality	Pending
8-	Housing	Peter Claver	Guest Restriction & Policy	Pending
9-	Housing	Haight Ashbury Free Clinic	Quality of Care	Pending

- 1- Client has received an eviction notice from Peter Claver based on allegations of abusive behavior to staff and updated housing needs (client suffers from incontinence). Advocacy Project assisted client with access to Eviction Prevention Collaborative for the initial portion of his defense and then to the ALRP for settlement conference and trial preparation. During the trial stay, Advocacy Project assisted client getting a spot in AIDS Hospice in another state near his family. Client, Catholic Charities & Continuum shared the cost of airline ticket to transport client.
- 2- Client claims he has been denied housing vouchers from the SFAF due to his disruptive conduct at a SRO. Client claims that he was not in the building at the time of the disruptive behavior and therefore could not have created the alleged disruption. Advocacy Project is investigating the incident to determine the facts surrounding the denial of client's housing voucher and whether the termination was equitable.
- 3- Client contacted the Advocacy Project about the poor notification that occurred during the termination of his primary care provider at U.C.S.F. Client has re-instituted his complaint after a brief suspension. Advocacy has contacted the U.C.S.F. and is awaiting a reply regarding the circumstances around this specific case as well as the policies regarding patient notification and implementation.
- 4- Client has filed a grievance regarding noise & harassment by other residents at Derek Silva and the staff's inability to effectively respond to the problem. Advocacy Project assisted client with the initial grievance and is monitoring the complaint. Client is not satisfied with Derek Silva's initial response and will appeal the decision. Advocacy Project is assisting client with that appeal and is monitoring the complaint.

- 5- Client has filed a grievance with the SFAF claiming that his subsidy was terminated without his full understanding and knowledge. The client, who is hearing impaired, attended a meeting @ SFAF whereby he voluntarily left the subsidy program in order to move in with his partner. At this meeting, client believed his subsidy would be returned if he moved out of his partner's apartment; however, because no translator was present at the meeting, miscommunication occurred. Client is not satisfied with the SFAF's response and will appeal the decision. Advocacy Project is assisting client with his appeal and monitoring the complaint.
- 6- Client claims that she participated in an intake procedure at Restoration House. When she revealed that she is a "pre-operation" transgender, the client claims the coordinator allegedly stated that "pre-ops do not qualify." Advocacy Project is investigating the policy itself and the veracity of the statement in order to determine whether "anatomy" vs. "identity" can be an appropriate measure to deny housing opportunities.
- 7- Client received a letter from API Wellness Center discussing the scope of their services and how they might assist him. Client claims that he never consented to have API contact him and that he only wishes to receive services from three ASOs in San Francisco. Advocacy Project is investigating how API obtained his name & address and whether his confidentiality had been breached.
- 8- Client has been restricted from having visitor's due to his recent behavior after bringing a stranger into the community who later became allegedly dangerous to other resident's and staff. Advocacy Project is investigating whether such restrictions of guest for this client have been made in an equitable manner.
- 9- Client claims that Haight Ashbury has not appropriately responded to her needs and has filed a grievance on five separate issues relating to quality of care she has received. Client was not satisfied with the initial response from the agency and has appealed the decision to the Executive Director. Advocacy Project is assisting client with the appeals as well as monitoring the grievance process.

NEW CASES

	Type of Service	Agency	Issue	Outcome
1	Housing	Black Coalition on AIDS	Discrimination against Pets	Pending
1-	Client completed an in-take procedure with Black Coalition on AIDS/Rafiki House. After being welcomed given the key to his room, BCA claimed that client misrepresented important facts about himself, namely, that he had a pet, and asked the client to leave the premises immediately. Client claims that he never misrepresented anything, and claims that he brought the designated service animal to all the meetings during the application process. Advocacy Project is assisting BCA with the legal parameters and education about service animals.			

Total Referral Calls – 8. ALRP (2); Positive Resource Center (1); Catholic Charities Grievance Procedures (1); St Mary's Grievance Procedures (1); Shanti Grievance Procedures (1); Small Claim Court (1); AHP Grievance Procedures (1).

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October Report - PWA Caucus Meeting

HIV HSPC

DOCUMENTS DEPT.

4/00

Meeting Date: October 4, 2000
Meeting Place: 25 Van Ness Ave., Room 330-B
Meeting Time: 5:30 to 7:00 PM
Members Present: Cecilia Chung, Gary Harrell, Brad Hume, Michael Meehan, and Jim Mitulski,
Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Steven Feedback, minutes; and Ron Samuel, Guest
Next Meeting: Wednesday, November 1, 2000, 25 Van Ness, Room 330-B, 5:30-7:00 PM

OCT 19 2000

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Welcome and Introductions

Members introduced themselves and formulated the meeting agenda.

Policy on Stipends/Reimbursements for Participation in Council Matters

A copy of a letter from HRSA to the AIDS Office was distributed to members. The language was discussed, as were an array of options. Clearly, both the PWA Caucus and the Council as a whole support the concept of providing incentives for participation, just as many agencies provide incentives to clients who participate in activities, including focus groups or PWA advisory boards. HRSA, however, wants to allow only reimbursable expenses, which forces us to document every dime we spend out-of-pocket. HRSA usually has criteria based on need. We feel that some Council members have a definite financial need, others probably don't. But, this HRSA policy doesn't recognize the aspect of need. The PWA Caucus wants its members to feel even more empowered and encouraged to fully participate in all the work of the Council. At the moment there isn't much incentive to do so. It is very disempowering to start a policy and procedure, then to have others pull back from the implementation. We think that there are some councils that do provide stipends as incentives for participation by community leaders and people with AIDS. We hope this issue can be investigated further and revisited.

Report from the Consumer Rights Advocacy Project

Richard Bargetto detailed his new cases from the month of September (*see attachments*). He highlighted one case concerning a denial of services at Community Dental, a branch at 470 Castro Street. Richard recently attended this client's subsequent appointment along with the client. Perhaps, the problem was the result of bad communication, rather than a "bad attitude" on the part of the client as was alleged, and can be resolved without too much further difficulty. We realize that the dentists are either recent graduates or still in the dental school (in the case of UOP). The second case of note is from a client who got evicted from his apartment and was upset with the services received by ALRP because the referral attorney did not provide adequate representation (he has subsequently been disbarred by the SF Bar Assn. and fired by the ALRP). This one may involve more than a complaint and a grievance. It may fall under the area of malpractice. Richard is trying to arrange a volunteer lawyer to help this client bring a malpractice suit against ALRP. A third case involves a client who is in a dispute with the SF AIDS Foundation due to a date discrepancy concerning enrollment on the Housing Wait List.

Richard also thanked Brad Hume for helping him with some of his cases. Brad noted that this

experience proved very valuable for him because it provided a real-world look at the dynamics of the care system and a personal glimpse into what it means to be client-centered in the delivery of services; even for clients who either are difficult or have difficult lives. Whichever it is, these inter-related factors do have an impact on the service delivery system. However, it shouldn't result in difficulty accessing services.

Tenderloin Community Forum

This community forum is still in limbo. *JM* called upon volunteer energy to help organize in collaboration with the Tenderloin AIDS Resource Center, TARC, and Tom Calvanese. Members reviewed the purpose of these forums: recruitment of new Council members and getting input from sectors of the consumer populations. Members talked quite a bit about the issues for clients in the Tenderloin and the changes coming to the emergency housing voucher system. This is a whole new model and it will have an impact in the Tenderloin for sure. We would like to support efforts to do outreach and provide information about this change. Therefore, we would like our forum to be part of that process. We suggest that a Task Force be formed, with members from the PWA Caucus, the Housing Committee and TARC. The centerpiece of the forum would be the information about housing vouchers and emergency housing. Everyone wants to see a more informed base of consumers. We will bring this item to the Steering Committee.

Nominations for Caucus Co-chair

Jim Mitulski can no longer fulfill this role since being elected as Council Co-chair. Cecilia Chung was nominated to take his place. She accepted, was seconded, and the resulting vote was unanimous. *JM* also made a personal plea that PWA Caucus members try to attend the meetings of other committees in an ongoing effort to insure that there is participation at all levels on the part of those receiving services. There have been some meetings attended only by service providers and administrators whose jobs depend on perpetuation of the service system.

Below are the synopses of two discussions held in the PWA Caucus about our "Shared Values."

Long Range Planning/5-year Strategy Task Force (PWA Caucus discussion 8/15/00)

EW introduced Section B (1) of the Comprehensive Five Year Plan—"Shared Values." He focused on the 7 client requirements for the system of care:

- 1) To be treated with compassion and respect. We see a trend toward amalgamation of agencies together with larger entities providing multiple services. Some of the culturally and linguistically specific providers have lost out in this process. There is a need for linguistically compatible services, without going so far as funding an agency for every language. Ultimately, it comes down to staff training in how to provide sensitive attention to many population groups. Sensitive care and service. We want both elements: culturally-specific focus in some services and complete sensitivity on the part of staff at the larger agencies. We believe that we view the care & service system differently than other members of the council, who don't have HIV/AIDS. Some of us feel that more people with HIV disease should provide an example of empowerment and sensible activism. This is the path for us to take to get results from the system. Ideally the system would be transparent and easy to negotiate in a consumer-friendly manner, but this is not always the case. Our activism is an important tool for empowerment, but the system should be easy to access and user friendly. The HIV+ workforce in service agencies is most often limited to the treatment advocate and peer advocate level, while case managers and other management personnel are usually not HIV+. This is widely perceived as the basis for staff action that is not compassionate or respectful. The AIDS industry has fostered the growth of a managerial class that is interested more in the

building of careers and out of touch with a service philosophy. The institutional homophobia that is found on agency Boards of Directors, such as that of Catholic Charities, was also seen as a source of disrespect. Overall, we believe that compassion and respect entail the recognition of many sub-populations and sensitivity training provided to staff in order to deal with all aspects of this diversity.

- 2) To provide clients with the opportunity to contribute to the planning and delivery of services. This should be changed to read: "To guarantee that a client-centered perspective will govern the planning, delivery and evaluation of services." This should go all the way to the details, such as listing of "A Client's Bill of Rights," agency grievance procedures and the standards of care. If this document is a consumer-oriented declaration, then all of the points should probably be written as guarantees.
- 3) To have reliable, easily accessed information about treatment and service options available, while fostering a more informed and educated client base. We would like to nurture the development of a "sense of ownership" on the part of people with HIV toward the system of care and treatment.
- 4) To foster a safe environment for people with HIV disease, including protection of confidentiality as well as the individual physical and emotional safety necessary for people to access services. Safety includes greater attention to basic human needs, such as food and shelter.
- 5) To ensure that these principles and client requirements apply to the entire system of care rather than just to those aspects of the system funded by the Ryan White CARE Act. The housing shortage, for example, creates a crisis situation for people with HIV. Shared values need to be shared more broadly.
- 6) To build into the overall system greater inclusion of HIV and STD prevention services targeted specifically toward HIV+ population groups.

Long Range Planning/5-year Strategy Task Force (PWA Caucus discussion 9/6/00)

JM introduced this part of the meeting by saying that he wanted to continue point-by-point through the remainder of the "shared values" or "client's requirements" whichever they turn out to be. Either way we want to move toward greater understanding of what these principles mean, and what can we expect in their concrete application.

- 7) To guarantee streamlined equitable access to a comprehensive system. We believe that streamlined access means everyone should be operating from the basic concept that our time is valuable. Repetition is boring and time-consuming for clients. For example, ADAP paperwork seems to require starting from scratch with the same questions each year. Some agencies act like all clients fall into their "irresponsible client" caseload and are always asking contact info and re-doing intakes. Thus, going through an agency to get an ADAP renewal can mean doing two sets of repetitive forms and wasting a lot of time. Obviously, this is the opposite of streamlined access and can even present a barrier to service for many active clients. We would also like to ensure equitable access to those whose health has improved. It's important that a determination of "need" (either medical or financial) not become another barrier to service. Streamlined equitable access is something that we trust only other people with this disease to implement in agencies. We have seen too many negative examples of the type of thinking that social service people and bureaucrats use when determining paperwork, waiting time and other procedures, which are preliminaries to services. We know that Project Reggie is going through update and a new round of roll-outs. At some point, we need to figure out if it's working or serving the purpose for which it was intended.

Some clients feel they would be better served by one integrated agency with transparent simplicity. Other clients feel they are better served within an array of agencies, some of which are completely competent to serve distinct social, cultural and linguistic populations. Thus, a comprehensive system should include both options for individual clients. Sometimes, we notice that a more comprehensive service & care system is available to people with HIV and AIDS than to homeless/poor people who don't have a qualifying diagnosis. We would like to see our shared values be part of the total system.

We suspect that "equitable access" does not translate into "equitable treatment." There are many reasons why some clients are treated worse than others due to their physical capabilities, gender identity, communication skills and/or drug use behaviors. Staff training or technical assistance efforts don't seem to address these issues sufficiently, simply because there are staff at some agencies who hate their jobs and take the training without motivation to learn about how to provide good, equitable service. Some staff members seem to lack the capacity to be non-judgmental. Obtaining equitable treatment requires advocacy in some cases.

- 8) To be able to obtain help with needs that are not specifically HIV-related. We acknowledge that this is a difficult judgement in some specific instances, especially when funds are being cut back. But, in general, housing is an HIV-related need. So is substance abuse service and treatment. So is a full range of mental health care. To clients, everything is related to HIV disease because whatever it may be probably has an impact on some aspect of their health and well-being, if not their survival. However, we're aware of operating within certain legislative restrictions dictated by members of Congress who write the language of the Ryan White CARE Act.
- 9) To develop incentives that reward client health and healthcare-seeking behavior. We don't have much understanding of what this means or what is being promoted within this value. We certainly don't value paternalism or being treated like children. We don't particularly like this language.
- 10) To focus outreach activities on individuals and target populations least likely to gain access to the service system. We want to add our endorsement of the service concept that outreach encompasses Treatment Advocacy and Peer Advocacy because high quality outreach clearly means one-on-one communication in easily understood language from someone who can relate to your circumstances in life. The populations to be included here should probably be named, rather than using general terminology (minorities, special populations, etc.). We want to include more effort to reach possibly overlooked people, such as those in institutional settings and SRO hotels. We would appreciate follow-up phone calls from social workers or peer advocates in order to ensure continued communication.
- 11) To foster greater emphasis on values such as self-sufficiency and empowerment.

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PWA CAUCUS – SEPTEMBER 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	SFAF/Subsidy Program	Cultural Competency	Pending
2-	Housing	Restoration House/Ark of Refuge	Transgender Policy	Resolved
3-	Housing	Catholic Charities/Peter Claver	Guest Restriction & Policy	Resolved
4-	Dental	Community Dental - Castro	Denial of Services	Resolved
1-	Client has filed a grievance with the SFAF claiming that his subsidy was terminated without his full understanding and knowledge. The client, who is hearing impaired, attended a meeting @ SFAF whereby he voluntarily left the subsidy program in order to move in with his partner. At this meeting, client believed his subsidy would be returned if he moved out of his partner's apartment; however, because no translator was present at the meeting, miscommunication occurred. Client has filed a grievance and is not satisfied with the SFAF's response and will appeal the decision. Advocacy Project is assisting client with his appeal and monitoring the complaint.			
2-	Client claims that she participated in an intake procedure at Restoration House. When she revealed that she is a "pre-operation" transgender, the client claims the coordinator allegedly stated that "pre-ops transgender do not qualify for this program." After conducting an inquiry, the Advocacy Project concludes that Restoration House did not deny housing to the client, but placed the client on a waiting list. Under the Human Rights Commission's guidelines, Restoration House may deny housing to a pre-op transgenders because it is a small, sex-specific facility. Restoration House has offered other services to the client.			
3-	Client had his visitor privileges suspended after an incident where he brought a non-resident into the community who later became allegedly dangerous to other residents and staff. Advocacy Project investigated whether these guest restrictions were made in an equitable manner. Although client has moved out, Advocacy Project met with staff around the guest restriction issue and other quality of care issues that were presented by this client. Staff agreed that before any restrictions in the future would occur, they would speak to all parties and that any restriction to the guest policy would not include service providers.			
4-	Client claims that the dentist did not use anesthesia when performing an invasive dental procedure. Client alleges that he complained to the dentist about the pain during this procedure but his needs were never considered. When client allegedly articulated his dissatisfaction about the poor level of			

service he was receiving, the dentist then denied all services to client. Advocacy Project investigated the incident and escorted client to his next appointment. The appointment was successfully completed without incident and with anesthesia.

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	Community Dental – Castro	Quality of Care	Pending
2-	Legal	ALRP	Quality of Care	Pending
3-	Housing	SFAF/HWL	Quality of Care	Pending

- 1- Client claims that he was denied services for not paying the mandatory late fee of \$10 for missed appointments and for a “bad attitude.” Client claims that other patients arrive late for appointments but are not denied access to services. Advocacy Project is conducting an inquiry into the allegations.
- 2- Client claims that the ALRP did not adequately represent him in his eviction proceeding. ALRP referred client to a volunteer attorney for services, but the client was eventually evicted. Client claims that his eviction was the result of poor advocacy from the attorney. Advocacy Project is conducting an inquiry into the allegations and will refer to the Bar Association for possible malpractice action.
- 3- Client claims that he signed up for the CHIPS/HWL many years ago and has not received a subsidy. HWL claims that the client has a brief enrollment date of 8/3/98. Advocacy Project is conducting an inquiry into the date discrepancy.

Referral Calls	Leland Grievance Procedures	1
	Open Hand Grievance Procedures	1
	Derek Silva Grievance Procedures	2
	BCA Grievance Procedures	2
	Eviction Defense Collaborative	1
	Human Rights Commission	1
	ALRP Grievance Procedures	3
	SFAF/Stop AIDS	1
	SRO Task Force	2
	<u>ALRP Legal Services</u>	<u>1</u>
	Total	15

Total Volunteer UOS: 15

(Report prepared by Richard Bargetto on 9/30/00)

November Report - PWA Caucus Meeting

DOCUMENTS DEPT.

Meeting Date: November 1, 2000

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Meeting Place: 25 Van Ness Ave., Room 330-B

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Meeting Time: 5:30 to 7:00 PM

Members Present: Cecilia Chung (Co-Chair), Ray Combs, Gary Harrell (Co-Chair), and Jim Mitulski.

Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Steven Feeback, minutes; Kenny Landes, Survive AIDS; and John McLaughlin, I-am-CARES.

Next Meeting: Wednesday, December 6, 2000, 25 Van Ness, Room 330-B, 5:30-7:00 PM

Welcome and Introductions

Members introduced themselves and formulated the meeting agenda.

Public Comment

John McLaughlin related the services now being offered at I-am-CARES (Center for Administering Rehabilitation and Employment Services). They just got a 5-year federal grant to help with more counseling for clients who are interested in training opportunities, vocational rehab, job placement, or career advancement. He's looking for collaborations. He said clients could go to both agencies that provide these services: Positive Resource Center and his agency.

Concern about Our Voice and an Evaluation of Our Voice

Jim Mitulski read some lines published in a summary of a recent meeting of the HIV Contractor's group, which commented upon our discussions of the long-range planning document. They quoted a sentence that to them is somewhat inflammatory or objectionable. Jim suggested the possibility of some dialogue with this group, which none of the members present knew very much about. This was the first time that Jim had received a report from their monthly meeting, probably because of his taking a co-chair position. *Cecilia Chung* expressed her disappointment that more PWAs do not participate in the Caucus's meetings. She would like some outreach and attempts to gain greater participation in the planning work of the Council. The discussions that take place in the PWA Caucus may be seen as not representative of very many people with AIDS. Most service agencies have staff members as their spokespersons, rather than their satisfied clients. It is likely that staff will be the ones doing the complaining about possible upcoming cuts in funding to their category of services. But, in these planning processes, we generally don't have much input from sufficient numbers of clients. If we heard from more consumers, including ones using a wider variety of the services, we would be able to put forward our viewpoints with more authority. We would like to hear from more clients who are satisfied as well as those with problems. Among those with complaints, we could also try being more proactive in inviting them to take part in meetings of the Council's PWA Caucus or other ways of attempting to influence the direction of things. *CC* asked if those present felt we have a voice. *Kenny Landes* expressed the view that the Council is weighted toward "AIDS Incorporated," with more service providers who have a financial interest and less people with AIDS who have a health interest. *JM* said we don't know if we have a voice or not. We do have a mechanism for advancing our voice, but do we use it? *Ray Combs* agreed that we haven't raised the level of our

voice. He appreciates the PWA Caucus because the members themselves compose the agenda, rather than somebody else getting together beforehand to establish the meeting agenda. Others feel that the topics of discussion in other meetings are at times overly technical. It's hard to be articulate when so much of the material is going over our heads. CC spoke in favor of PWAs on the Council and others taking up the task of orientation or mentoring for new members.

The Role of People with AIDS on the Council

Members talked about the relatively low numbers of PWAs on the Council who are participants in the Caucus or active in other Council work. Many of the Council's 50% membership representing PWAs do not speak up and articulate the needs in the community. RC said he felt that he does not have the statistics at his fingertips, not being an agency employee, and therefore finds it difficult to fully participate in some of the Council's discussions. He views some of us as being at a disadvantage as spokespeople. But he conceded that there are other Council members who seem to not take part in any way, yet they occupy positions that are meant to articulate the views of people with AIDS. CC said, however, that other PWAs should be invited to participate in the discussions of the Caucus and by extension the community forums. Then, when we report to the Council we should make our voice as strong and clear as possible. In that way the voice of many more people will be heard. None of us wants to be a token person with AIDS speaking up on the Council. Since there are potentially 20 of us as Council members, there should be no tokens. We should be able to make our concerns heard. There are currently five or six openings on the Council and we would like to be involved in recruitment efforts. RC asked what is the Council's policy about the participation in meetings from members of the public and from service providers or contractors. He finds it slightly unusual that some meetings allow service providers to become a part of the meeting itself. There is not a uniformity of format for participation from those present who are not Council members. Some meetings seem to be weighted toward hearing primarily from service providers and agency employees. Some of us don't know the Council's procedures and processes. There is considerable variation among the Council's committees. Who is driving the agenda? There is definitely a need for consumers to be represented among the parties that are driving the issues and the agenda of this work. There are times when no one is going to invite participation; we simply need to invite ourselves. Public comment is part of every meeting, but is handled differently by different committees. Members are able to speak up freely and all members can influence the meeting's agenda.

Community Forum in January

We do view the forums as very important. Those present encouraged the Caucus, with support from the full Council, to be involved in more active outreach to the community. We have to find out more about what's going on in the community. Even though a damper has been put on some meetings as a result of tactics used by ACTUP San Francisco, the Council should be continually receiving community input. CC said that if we had more participation in the PWA Caucus, we might not need to do so many community forums. Others felt we still should be doing community outreach and input events. The question is can the forums, based on the experience of the past year, be made into something meaningful. GH appealed for the Caucus to set a date for the Tenderloin Community Forum. He feels that the time will be right in January to present information about the changes in the emergency housing vouchers and master leasing. This would be a great opportunity to explain the rationale and get some feedback. Several members volunteered to help organize the event in collaboration with the Tenderloin AIDS Resource Center, TARC, and Tom Calvanese. We would like to do it on a Wednesday evening, and settled on January 17th, around 7:00 pm or whatever is the best starting time according to TARC and their constituency. TARC has an excellent space for community meetings. We would like to contact all the peer advocacy programs to let them know about this event. Steve will get a list of the agencies doing peer advocacy. He will do a draft of a letter of invitation to attend the January meeting of the PWA Caucus and as a tool for getting the word out to clients about

the community forum. The purpose of the Caucus meeting in January will be dialogue between Caucus members and persons working as peer advocates.

Report from the Consumer Rights Advocacy Project

Richard Bargetto detailed his new cases from the month of October (*see attachments*). He highlighted cases concerning primary care, including treatments, for homeless clients. Both clients having difficulty receiving appropriate services are complaining about the same agency, Mission Neighborhood Health Center. After some mediation Richard thinks that everything the clients are requesting will be forthcoming, but he is concerned about how much work it took for these two clients to receive satisfaction. He has sent reports about the facts to both the chief of DPH HIV Health Services and the Program Manager on this contract. In one year since Richard started his work, he has had three complaints about this provider. CC favored using such examples when the Council develops "standards of care." Do we have standards now about medication delivery as it relates to housing? The SF AIDS Foundation has a program providing daily amounts of medicines to homeless clients. Action Point may also be able to provide medications management. Homeless people have the right to make their own medical decisions, same as everyone else. The clinic's role is to provide quality primary care in a way that is integrated with the individual condition of the client. We want to see more integration of services and creative collaborations among service providers. It's not too much to expect that funded agencies complement each other's services rather than compete with each other. Apparently a sub-plot in this set of cases was that a lot of subjective criteria were being used to determine which clients could receive emergency housing vouchers in a SRO hotel, since the allotment of vouchers is a limited amount at that particular agency. There is no written policy. There was brief discussion about Monitoring Reports and Client Satisfaction Surveys. Richard also announced a new employee working with him and with Council Support. Her name is Elizabeth.

Housing Committee Report

GH attended the meeting (just prior) because of his continuing objections to how the Committee has formulated the changes to the emergency housing voucher system. He was not satisfied with the presentation during the past Council meeting. He reported that he has been partially convinced by what he heard in the committee meeting in that he is no longer opposed to the proposed change. There will still be access to emergency rooms for the night and those may still be arranged on short notice. The RFQ has been sent out. The bidder's conference and information meeting is next. Pros and cons of the new plan were briefly discussed. Whenever housing issues comes up, some members have anecdotes or personal experiences about how basic information concerning housing options is withheld from clients by some agencies, particularly the SF AIDS Foundation. Other services are out there as well, though they're not CARE-funded programs administered by the Foundation. The PWA Caucus would like to begin compiling a comprehensive view of services, presented from the point of view of the client. It would be a valuable contribution to the many people out there who are client advocates. We are less concerned about the sources of funding than we are about the total service system.

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PWA CAUCUS – OCTOBER 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	SFAF/Subsidy Program	Cultural Competency	Pending
2-	Dental	Community Dental – Castro	Quality of Care	Pending
3-	Legal	ALRP	Quality of Care	Resolved
4-	Housing	SFAF/HWL	Quality of Care	Resolved

- 1- Client has filed a grievance with the SFAF claiming that his subsidy was terminated without his full understanding and knowledge. The client, who is hearing impaired, attended a meeting @ SFAF whereby he voluntarily left the subsidy program in order to move in with his partner. At this meeting, client believed his subsidy would be returned to him if he moved out of his partner's apartment; however, because no translator was present at the meeting, miscommunication occurred. Client has filed a grievance claiming he did not understand his rights when he terminated the subsidy. The SFAF has provided a response. Client is not satisfied with the SFAF's response and will appeal the decision. Advocacy Project is assisting client with his appeal and monitoring the complaint.
- 2- Client claims that he was denied services for not paying the mandatory late fee of \$10 for missed appointments and for a "bad attitude." Client claims that other patients arrive late for appointments but are not denied access to services. Advocacy Project is conducting an inquiry into the allegations.
- 3- Client claims that the AIDS Legal Referral Panel (ALRP) did provide an appropriate referral for his eviction proceeding. ALRP referred client to a volunteer attorney for legal services, but the client was eventually evicted. Client claims that his eviction was the result of poor advocacy from the attorney. Advocacy Project conducted an inquiry into the allegations and found that the referral attorney did not provide the best possible advocacy. This attorney has been relieved of any future referrals from the ALRP. Advocacy Project referred client to the California Bar Association for a possible malpractice action.
- 4- Client claims that he signed up for the Housing Wait List (HWL) over 5 years ago and has not received a subsidy. HWL claims that the client signed up for housing on 8/3/98. Advocacy Project conducted an inquiry into the date discrepancy by contacting numerous agencies who may have some information. No physical evidence of an earlier application date was located.

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing*	Peter Claver/Catholic Charities	Service Animal Acceptance	Resolved
2-	Dental	UOP	Quality of Care	Pending
3-	Med/Housing	Clinica Esperanza/MNHC	Quality of Care & Access	Resolved
4-	Med/Housing	Clinica Esperanza/MNHC	Quality of Care & Access	Resolved

- 1- Client was accepted into the Peter Claver Community (PCC) and he wanted to bring his service animal (dog) with him. Another resident claimed he had allergies to any dogs. Client agreed to forego living with his service animal in order to obtain housing. Advocacy Project began negotiations with PCC and the client to admit the service animal. Subsequently, the client was served with unlawful detainer for violations of a stipulated judgment. Client was referred to ALRP for possible ADA violations. The service animal has been placed with the client's partner.
- 2- Client claims that he did not only receive unsatisfactory services from UOP dental clinic but also that even after one year his services have not yet been completed. Advocacy Project is investigating the client's claims and monitoring the grievance process. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by the clinic.
- 3- Client had three complaints. First, client claimed that he had 200 T-cells and requested on numerous occasions to begin medications (HAART). Client claims his requests were repeatedly denied. Second, client claims that although he only used 11 days of his housing voucher and requested additional days, these requests were also denied. Client claims he was still denied a housing voucher too. Third, client claims that he made numerous requests for a change of case manager, but his requests were not heard. After a case conference was called, the following resolution was agreed upon: Client was scheduled an appointment where he could request medications from his primary provider, the clinic would investigate whether they had access to any more vouchers to distribute to clients, and finally, client was allowed to change case managers. Advocacy Project also requested from the clinic the objective criteria they use to determine how clients get housing vouchers.
- 4- Client claims that although he did not use his entire housing voucher for this year, he was still denied. Advocacy Project assisted client in locating a residential hotel if voucher became available. After a case conference was called, the clinic would investigate whether they had access to any more vouchers. Advocacy Project also requested from the clinic the objective criteria used to determine which clients get vouchers.

* Duplicated Client

Referral Calls:	Derek Silva Grievance Procedures	2
	Peter Claver Grievance Procedures	2
	ALRP Grievance Procedures	1
	UOP Grievance Procedures	1
	HIV C.R. Adv. Proj. Griev. Proc.	1
	Positive Resource Griev. Proc.	1
	<u>ALRP Legal Services</u>	<u>2</u>
	Total	10
Total Volunteer UOS:	4	

December Report - PWA Caucus Meeting

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Meeting Date: December 6, 2000

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Cecilia Chung (Co-Chair), Gary Harrell (Co-Chair), Brad Hume, and Michael Meehan.

Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Tom Calvanese, TARC; Steven Feeback, minutes; Kenny Landes, Survive AIDS; John McLaughlin, I-am-CARES; James Nykola, consumer; and Paul Xayyavongse, Peer Advocate (API).

Next Meeting: Wednesday, January 3, 2000, 25 Van Ness, Room 330-B, 5:30-7:00 PM

Welcome and Introductions

Members introduced themselves and formulated the meeting agenda. *Gary Harrell* called for everyone to help increase attendance by bringing a friend to the next PWA Caucus meeting.

Report from the Consumer Rights Advocacy Project

Richard Bargetto detailed his new cases from the month of November (*see attachments*). He highlighted cases concerning access to services, staff responsibilities at residential facilities, hospital discharge services and appeals of client grievances. One client brought a complaint against the SF AIDS Foundation for hindering a new resident's access. Another client has complained about St. Mary's Hospital and their planning process for follow-up care after discharge. It seems that 24-hour dementia care is needed for a severely disabled patient, but apparently no services were firmly arranged at the point of release from the hospital. Two clients are complaining about Derek Silva community. One is claiming harassment by another resident and the other is claiming the denial of a guest's admittance. Richard wants to investigate the role of staff in mediating inter-residence disputes within some of the group living situations for people with AIDS. Richard also is supporting a client's appeal of a grievance already filed against SF General Hospital. The prior grievance was very detailed, but received only a very brief response, or dismissal. Richard said the hospital's reply did not represent an appropriate investigation of the issues contained in the grievance. *Kenny Landes* brought forward an issue related to an agency's over-reaction to a missed appointment, in this case a computer training class at Positive Resource Center. He disagreed with the way he was treated. The larger issue is the high standard that is required by some agencies with regard to client compliance. He was satisfied with the way the agency handled his complaint and it has been quickly resolved.

Comprehensive List of Services Available to HIV+ People

Kenny Landes brought back an issue briefly discussed last month. In light of revised provisions of the CARE Act and probable reductions in our annual grant, we will need to rely increasingly on integrated services, including those that are CARE funded as well as a variety of other services. We would like to compile a comprehensive list that is done from the client's point of view. Target date is March, 2001. *Cecilia Chung* said that there were five major resources that we would need to utilize. But there will also be some services not listed in any of these resource guides.

Tenderloin Community Forum

There are two locations available. Tom Calvanese recommended the space that serves as a community meeting center, located at 201 Turk Street. He will check on the cost. It will be done in collaboration with the Tenderloin AIDS Resource Center, TARC. We stayed with Wednesday evening, and after a process of elimination settled on January 31st, from 6:30 PM to 8:00 PM. Tom shared some of the lessons TARC has learned from putting on their events and drop-in groups. *Brad Hume* said that by waiting until the end of January he believes more information and more accurate information will be available to consumers about the changes in emergency and transitional housing. He said that the Housing Committee does want to actively participate in the forum and is very concerned about the level of misinformation already circulating about access to the new buildings and the status of vouchers. The other Council committees will be invited to give short presentations as well. Various agenda items were analyzed and it was decided to include topics other than housing services. In addition to explaining the purpose of the CARE Council, we would like to learn more about why some people who know they are HIV+ do not access services. We may want to ask how many people attending the forum are in regular care and how many are not getting care on a regular basis. It is anticipated that there will be a lot of valuable input from a group of consumers whose voice is not usually heard. The other purpose of the forum is to possibly recruit new members to the Council. After that, the issue of outreach to clients was discussed (a general advertising flyer will be prepared and Peer Advocates will be informed by letter). Word of mouth is the best outreach method. Also a raffle will be held, using donated prizes. Supermarket vouchers are available for distribution.

January Meeting Focus

The Caucus is still interested in having a dialogue with people working on the frontlines as Peer Advocates, Treatment Advocates and Client Advocates. Members view this discussion as a beginning. Other forms of outreach by the PWA Caucus and the Council will also be discussed.

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PWA CAUCUS – NOVEMBER 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	SFAF/Subsidy Program	Cultural Competency	Withdrawn
2-	Dental	Community Dental – Castro	Quality of Care	Withdrawn
3-	Dental	UOP	Quality of Care	Pending
1-	Client has filed a grievance with the SFAF claiming that his subsidy was terminated without his full understanding and knowledge. The client, who is hearing impaired, attended a meeting @ SFAF whereby he voluntarily left the subsidy program in order to move in with his partner. At this meeting, client believed his subsidy would be returned to him if he moved out of his partner's apartment; however, because no translator was present at the meeting, miscommunication occurred. Client has filed a grievance claiming he did not understand his rights when he terminated the subsidy. The SFAF has provided a response. Client was originally not satisfied with the SFAF's response and previously decided to appeal the decision. However, client has not responded to the Advocacy Project's communications, thus, Advocacy Project temporarily withdraws the complaint.			
2-	Client claims that he was denied services for not paying the mandatory late fee of \$10 for missed appointments and for a "bad attitude." Client claims that other patients arrive late for appointments but are not denied access to services. Advocacy Project conducted an inquiry into the allegations and the late fee policy has now been eliminated. Client has not responded to Advocacy Project's communications, thus, the other issues in the complaint have been withdrawn.			
3-	Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance. UOP responded to the client's grievance with a referral to Community Dental and a dismissal from the program. Client is appealing UOP's decision. The Advocacy Project, after referring the client to ALRP for possible legal action based on UOP's retaliatory misconduct, is investigating the client's claims as to what are the standards of care for the issues raised in the complaint and whether these standards were breached in this case. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by Community Dental.			

NEW CASES

	Type of Service	Agency	Issue	Outcome
1-	Case Management	SFAF	Access to Services	Pending
2-	Housing*	Derek Silva/Catholic Char.	Staff Conduct	Pending
3-	Case Management	St. Mary's	Staff Conduct	Pending
4-	Housing	Derek Silva/Catholic Char.	Consistent Policy Application	Pending
5-	Mental Health	SFGH Psych Unit (7B)	Quality of Care	Pending

- 1- Client arrived in SF and went to the SFAF seeking services. Client raises three issues. First, he was denied service until he could show a diagnosis from a local doctor. Second, he received erroneous information. Third, he was assigned to an incompetent case manager. After an Advocacy Project inquiry, the client did finally receive communication from his case manager; however the client believed this communication to be unsatisfactory. The Advo. Proj. is assisting the Client with the grievance about the standard of care for case managers and whether this standard was breached.
- 2- Client feels harassed by another resident at Derek Silva. Client alleges that he has complained to staff on numerous occasions, but staff has been unresponsive. Advocacy Project attempted to mediate the dispute, but was unable unsuccessful due to the other resident's failure to participate in good faith. Advocacy Project referred client to ALRP for legal services if needed. The Advocacy Project is assisting the Client in filing a grievance as to the standard of care for programs to protect clients from other residents and whether that standard was breached in this case.
- 3- Client claims that he was discharged from St. Mary's dementia ward without any transition plan, except for a referral to Continuum. The Advocacy Project is conducting an inquiry into the allegations as well as what is the standard of care for discharge of a mental health patient and if that standard was breached in this case.
- 4- Client claims that his guest was denied entrance into the building for no apparent reason. Client claims other guests are freely admitted and has filed a grievance based on inconsistent policy application. The Advocacy Project is assisting the client with the grievance and monitoring the grievance process.
- 5- Client claims that he was treated without professional care while a patient at the Psychiatric Unit (7B) at SFGH. Client filed a grievance that included allegations of sexual harassment, breach of confidentiality, unprofessional staff conduct, false imprisonment and custodial negligence of personal property. SFGH responded with a brief reply; however, their response did not indicate whether an investigation was conducted, or what, if any, was the outcome of the inquiry. The Advocacy Project recently appealed SFGH's original response asking for more information on the 10 issues concerning standards of care regarding staff conduct and whether they were breached in this case.

* Duplicated Client

Referral Calls:	Derek Silva Grievance Procedures	1
	ALRP Grievance Procedures	1
	SFAF Grievance Procedures	2
	Department of Public Health	2
	ALRP Legal Services	2
	Total	8

Total Volunteer UOS: 0

2.65

HIV HSPC

January Report - PWA Caucus Meeting DOCUMENTS DEPT.

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Meeting Date: January 3, 2001
 Meeting Place: 25 Van Ness Ave., Room 330-B
 Meeting Time: 5:30 to 7:00 PM
 Members Present: Cecilia Chung (Co-Chair), Ray Combs, Gary Harrell (Co-Chair), Brad Hume, Greg Neumark, and Robert Whitford.
 Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Steven Feeback, minutes; and Paul Gresham, guest.
 Next Meeting: Wednesday, February 7, 2001, 25 Van Ness, Room 330-B, 5:30-7:00 PM

Welcome and Introductions

Members introduced themselves and formulated the meeting agenda. Ray Combs wants at some point to talk about the SRO Task Force and what it is doing. Rob Whitford called for more training of Council members. He was informed that a training had been scheduled for Saturday, January 20, 2001 from 9 AM to 12 noon. This effort has been planned by the combined efforts of the Membership Committee and Bob Teague of the AIDS Education Training Center. Rob requested that this become part of a regular training series that is offered on a continuous basis to both new and not-so-new members. Greg Neumark, Cecilia Chung and Brad Hume all spoke up in support of Rob individually and the necessity of better training, something that many Council members are looking for. None of the HIV+ members of the Council want to be treated as statistics or as bodies filling a required number of consumer seats on the Council.

Report from the Consumer Rights Advocacy Project

Richard Bargetto detailed his four new cases from the month of December 2000 (see attachments). He highlighted cases concerning timely communications on the part of a legal services referral agency and the quality of services at a residential facility. Two more clients have lodged complaints against the Derek Silva Community/Catholic Charities. The Harm Reduction Model used in some of the housing facilities came under critical examination by the committee. There are real dangers to residents, including higher risks of fire, theft and violence, which are connected to drug-using behaviors. We feel that this discussion has to be taken to a level of the Council beyond the PWA Caucus. There were quite a few opinions about the advisability of resorting to the usual suggestions for how to address these issues such as a Tenants Association and/or grievances filed with the Consumer Rights Advocacy Project. Many residents have become very fearful about filing anything or speaking up. Many others have become completely apathetic because they believe nothing will get changed. The bottom line, however, is that there are numerous safety concerns.

Tenderloin Community Forum

The community meeting will be held at 201 Turk Street; the cost is a nominal \$50. It will still be done in collaboration with the Tenderloin AIDS Resource Center, TARC, and all the service providers in the neighborhood. It will take place on Wednesday January 31st, from 6:30 PM to 8:00 PM. A small form will be distributed in order to gain a little bit of information about the services that are utilized by those attending the forum. The draft of a flyer was also distributed and numerous suggestions made. It will be

revised. Project Open Hand has agreed to distribute leaflets with meals. Larkin Street Youth Services, Continuum, Lyon-Martin Clinic, Tom Waddell Clinic, Glide, and TARC are all part of the outreach plan. *Brad Hume* suggested that the short anonymous form that participants will fill out should concentrate on assessment of services. People who fill out this form and turn it in will get a free food voucher. The food to be served at the forum was discussed, with pizza being seen as the best option and will be served at the beginning. *Cecilia Chung* will act as MC/facilitator for the evening. She will briefly explain what the Council is and the importance of these forums. *BH* announced that approximately five representatives of the Housing Committee would be in attendance, with someone prepared to give a two-minute capsule of what the committee's mission is. He said that *Marc Trotz* would also be there to speak about changes in the way emergency housing is handled and the availability of transitional housing opportunities for people with HIV. Hopefully, the other Council committees are also prepared to give **short** presentations as well. *Gary Harrell* will do it for the PWA Caucus. We anticipate many participants wanting to talk about emergency housing vouchers, but that will not be allowed to dominate the discussion. *Richard Bargetto* will not be able to be at the forum, but somebody will be there to represent him. The forum will be taped (in a way that is non-obvious) for historical purposes.

Employment Opportunities

Richard Bargetto announced that there are either one or two positions available at the Administrative Assistant level. There is a flexible work schedule. He recommended that anyone interested in working with his office fax a resume to him.

Topics for February Meeting

Cecilia Chung asked this question about the five forums planned to take place each year. Is this objective realistic? She said that if we do decide to do that number during this year, we might want to consider forums that are targeted at certain demographic groups of consumers rather than at certain geographic areas or neighborhoods. She called for further discussion on this. She also recommended that we try to analyze how many members of the Council are in the category of unaffiliated consumers. Is the Council able to meet the coming requirement to have 33% of total membership in that category and 50% in the category of people who are HIV+? *Richard Bargetto* announced that he would be taking a leave of absence starting the first of March and running for three months. He'll enthusiastically return in June. *Brad Hume* asked for some discussion about good meeting process.

Stipends and Reimbursements

Steve Feedback reported that all the forms previously submitted had been turned over to a Council Co-chair. They probably won't be processed, however, as stipends. They would have to be converted into reimbursements for expenses incurred, such as transportation or lost wages. Everyone is entitled to have his case dealt with individually and see if a reimbursement for expenses is in order.

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PWA CAUCUS – DECEMBER 2000 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2-	Case Management	SFAF	Access to Services	Pending
3-	Housing*	Derek Silva/Catholic Char.	Staff Conduct	Resolved
4-	Case Management	St. Mary's	Staff Conduct	Pending
5-	Housing	Derek Silva/Catholic Char.	Consistent Policy Application	Withdrawn
6-	Mental Health	SFGH Psych Unit (7B)	Quality of Care	Pending

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance. UOP responded to the client's grievance with a dismissal from the UOP program and a referral to Community Dental. Client is appealing UOP's decision. The Advocacy Project, after referring the client to ALRP based on UOP's possible retaliatory misconduct, is investigating the client's claims as to what are the standards of care for the issues raised in the complaint and whether these standards were breached in this case. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by Community Dental.
- 2- Client arrived in SF and went to the SFAF seeking services. Client raised three issues. First, he claims he was denied service until he could show a diagnosis from a local doctor. SFAF does have a policy that requires a local diagnosis letter; however, SFAF will provide services for 30 days while client obtains this verification. Client has obtained the letter and services have been rendered. Second, client claims to have received erroneous information about HIV services in SF. After speaking with additional staff, correct information has been communicated to client. Third, client claims he was assigned to an unresponsive case manager. After an Advocacy Project inquiry, the client did receive communication from his case manager; however the client believed this communication to be unsatisfactory. The Advocacy Project is assisting the client with the grievance about the standard of care for case managers and whether this standard was breached in this case.

- 3- Client alleges that another Derek Silva resident harassed him and staff was unresponsive after being notified. Advocacy Project attempted to mediate the dispute, but was unsuccessful due to the other resident's failure to participate in the mediation in good faith. The Advocacy Project assisted the client in filing a grievance as to the standard of care for housing programs to protect clients from other residents and whether that standard was breached in this case. The Director of HIV Services for Catholic Charities responded and confirmed the numerous attempts for reconciliation between residents by staff and that the client was placed on a waitlist for a room change. Advocacy Project referred client to ALRP for possible harassment charges in the problem persists.
- 4- Client claims that he was discharged from St. Mary's dementia ward without any transition plan, except for a referral to Continuum. The Advocacy Project is conducting an inquiry into the allegations as well as what is the standard of care for discharge of a mental health patient and if that standard was breached in this case.
- 5- Client claims that his guest was denied entrance into the building for no apparent reason. Client claims other guests are freely admitted and has filed a grievance based on inconsistent policy application. Client filed a grievance regarding the Derek Silva visitor policy and the Program Manager promptly responded. Although client is dissatisfied with the response, client has decided not to pursue the issue further.
- 6- Client claims that he was treated without professional care while a patient at the Psychiatric Unit (7B) at SFGH. Client filed a grievance that included allegations of sexual harassment, breach of confidentiality, unprofessional staff conduct, false imprisonment and custodial negligence of personal property. SFGH responded with a brief reply; however, their response did not indicate whether an investigation was conducted, or what, if any, was the outcome of the inquiry. The Advocacy Project recently appealed SFGH's original response asking for more information on the ten issues concerning standards of care regarding staff conduct and whether they were breached in this case. SFGH is conducting an internal inquiry into the allegations.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Legal	ALRP	Quality of Care	Pending
2-	Housing	Catholic Charities	Quality of Care	Pending
3-	Housing*	Catholic Charities/Derek Silva	Quality of Care	Pending
4-	Housing*	Catholic Charities/Derek Silva	Quality of Care	Pending

- 1- Client claims that he requested legal services from ALRP regarding an insurance law issue and was promised a referral. After many weeks, client claims he received no response from ALRP and continued to call them. Client claims that only after intervention by the Advocacy Project did he receive a response from the ALRP that they could not locate an attorney for him. Client filed a grievance regarding what is the standard of care for client communications and also what is the

ALRP's scope of services. The ALRP responded to the grievance stating that they have a communications policy to respond to all clients within 24 hours. However, certain cases, like the insurance case that the client presented, have to be waitlisted for an attorney referral. Because of the client's grievance, the ALRP promised to improve communications with clients by now providing written communications in the future.

- 2- Client filed a grievance with Catholic Charities regarding a breach of professionalism from a staff social worker. Client believes the social worker was disingenuous about scheduling issues and was not flexible in accommodating the client's needs. After repeated attempts to communicate with client, Advocacy Project has withdrawn the grievance through client inaction.
- 3- Client filed a grievance claiming that another resident at Derek Silva entered his apartment without his consent. Client's assertions are based on his perception that some items appeared to have been moved. Client is awaiting a response from Derek Silva staff as to how they plan on dealing with his safety concerns. Advocacy Project is assisting client with the grievance and monitoring Derek Silva's response.
- 4- Client claims that he was stuck in the elevator at Derek Silva for nearly two hours with little communication from staff. With the assistance of the Advocacy Project, client filed a grievance asking for Derek Silva to develop an elevator malfunction response policy as well as investigating delay and alleged unprofessional conduct by desk staff workers. Advocacy Project is assisting client in monitoring Derek Silva's response.

* Duplicated Client

Referral Calls:	Derek Silva Grievance Procedures	1
	Hazel Betsy Grievance Procedures	1
	Community Dental Grievance Procedures	1
	Walgreen's Customer Service	1
	<u>ALRP Legal Services</u>	<u>3</u>
	Total	7

Total Volunteer UOS: 0

fires
theft
violence

February Report - PWA Caucus Meeting

DOCUMENTS DEPT.

Meeting Date: February 7, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Cecilia Chung (Co-Chair), Ray Combs, Gary Harrell (Co-Chair), Brad Hume, Greg Neumark, Ken Pearce, and Robert Whitford.

Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Herbert Cintron, guest; Steven Feeback, minutes; Christopher Scott Gambia, guest; John McLaughlin, guest; Wayne Peace, guest; Ralph Torres, guest; and Salvador Vera, guest.

Next Meeting: Wednesday, March 7, 2001, 25 Van Ness, Room 330-B, 5:30-7:00 PM

Welcome and Introductions

Members introduced themselves and formulated the meeting agenda.

Membership Composition

Ken Pearce, Chair of the Membership Committee, talked about the drive to recruit prospective members for the Council, specifically those who are consumers of services AND unaffiliated with any CARE funded agency. Pursuant to new HRSA/legislative requirements, the revised Council Bylaws will likely provide that a minimum of 33% Council membership be consumers who are unaffiliated. At full strength (40 members), 33% of the Council would translate into 13 people filling this category of seats. *Greg Neumark* argued for raising the required level of HIV+ people on the Council to 60% rather than 50%. *Richard Bargetto* requested that the Membership Committee examine its files; he believes that someone he referred about a year ago was not contacted after applying.

Prioritization

In an effort to share information between Council committees, *Steve Feeback* reported to the Caucus about discussion on this topic in the Implementation & Evaluation Committee two days prior. He reported that this process done every two years by the Council would be taking place from February through August. This year will be handled differently than two years ago. A proposal will soon be brought before the Council to empower a Prioritization Organizing Committee to guide the process. Representation and participation from the PWA Caucus is extremely important and can constitute a key role in the overall process. *GN* made a plea for meetings to start at 5:30 PM in order to accommodate work schedules.

PWA Caucus meeting day/time

There was brief discussion about this meeting being on the same day as the Housing Committee. This causes a long day for some of those who attend both meetings and may prevent the Housing Comm. from even considering a move to later hours after work-time. *Brad Hume* said he views it as crucial for the work of the Housing Committee that a significant number of DPH staff as well as housing service providers take part in the meetings. Their presence is very helpful. In the past, he said, the Housing Committee attempted to move the time of its meeting until after 5 PM. But they experienced a decline in the number of people

attending from those groups, without seeing a corresponding increase in attendance from Council members, especially HIV+ members and consumers of services. *Cecilia Chung* suggested the possibility of changing the PWA Caucus to the second Wednesday of the month. The change won't take place before further discussion in both committees; so not before April.

Debriefing the Tenderloin Community Forum

CC started the discussion by thanking everyone who participated and helped with the logistics. She expressed her excitement about how well the forum went and how good the turnout was. She felt that we helped mobilize the Tenderloin community and bring complaints about SRO housing to the forefront. Tenderloin AIDS Resource Center (TARC) has an initiative underway with the Housing Rights Committee to continue the process of mobilization. Other service providers in the neighborhood collaborated with the Community Forum by mobilizing their clients and frontline staff to attend. These included Larkin Street Youth Services, the Native American AIDS Project, Continuum, Lyon-Martin Clinic, Tom Waddell Clinic, and Project Open Hand. BH said he heard testimony and saw photos about things that were very depressing, yet he left the Forum feeling energized. It was a huge success, with Housing conditions being the number one, most pressing issue. *Ray Combs* added his affirmation, while offering a critique about being sure to call on people in the back who had their hands up wanting to speak. *Gary Harrell* said that perhaps the Council's representatives ended up talking a bit too much; perhaps we could have heard more from the community. BH thought the interaction between Council members and Consumers was very positive. *Rob Whitford* and others recommended investing in a microphone to use at future events. CC said she was impressed that the community was speaking up with passion and good ideas. She commented that almost all the attendees stayed until the end. About 75 food vouchers were given out at the end to those who stayed. The raffle was a big success. Three people asked for further information about possibly being appointed to the Council. Cecilia also felt that the PWA Caucus should develop some sort of strategy to respond to the community input we heard that evening. Christopher, from Native American AIDS Project, took part in the Forum and offered a positive evaluation. He was left feeling a need for more community meetings. There was brief discussion about the frequency of these events by the Council and the methods of getting community input. We do need to be involved in the issues related to SRO housing conditions. Hopefully, the Board of Supervisors is ready to tackle these problems. Some members wanted definite follow-through on the issues from this forum. Other people wanted to start planning the next one. This was not fully resolved, but everyone was reassured that a summary would be written and a report from the forum will be scheduled for the next Council meeting. This will then become part of the process, which examines the Council's priorities or goals for the next two years of work. *Richard Bargetto* said that he has received a very significant number of complaints about the SRO hotels, but he is totally limited in what he can do for clients. He can only make referrals. Probably the important thing we can all do on a citywide level is to raise our voices individually and collectively. The Housing Committee would want to be involved as well. Members had a natural resistance to scheduling an upcoming forum until this one had been more fully examined.

Meeting Dynamics

BH called for more structure and focus in the meetings of the PWA Caucus. Several ground rules were suggested. The Co-chairs will work on doing an advance agenda, while maintaining an open agenda. CC called for more phone and email communications with the Co-chairs in between meetings. GH feels the need for flexible structure. GN and RC talked about compromise ideas and some middle ground. Most people wanted time limits on discussion. CC encouraged members to continue the discussions after the meeting by communicating more regularly. Both Co-chairs are relatively new in this position. She wants people to continue making suggestions. The meeting dynamics can evolve in a constructive way if we agree to continue the conversations.

Recruitment Process and the Membership Committee

Janis Takamoto asked for clarification about the process and whether or not it is required that someone attend a Council meeting before coming to talk with the Membership Committee. It was agreed that this would become the established procedure and that it would be clarified in the written procedures, if needed. It was viewed as a sensible process allowing prospective members the chance to become acquainted with the Council's agendas, its discussions and its structure before going further in the recruitment process.

Analysis of Current Membership and Areas of Representation

Recent memos from *Laura Thomas* were reviewed. She has been analyzing the latest language in the Reauthorized Ryan White CARE Act and applying these new principles to our current membership. In this process she has come to believe that we have a lower number of unaffiliated consumers than she had previously estimated. This is now being interpreted to mean that 33% of the membership must satisfy two distinct criteria: to not be affiliated with any agency AND to be a consumer of services that are CARE funded. Everyone agreed that more up-to-date and precise information must be gathered from the current Council membership. However, *Laura Thomas* has done some preliminary analysis and determined that only seven members satisfy both of the criteria. It should be about 13 members. So, this goal means putting almost total concentration on recruitment of unaffiliated consumers. Members wanted additional clarification about the definition of consumers: How is ADAP considered? Just Title I CARE services? Is the past year a good time period for evaluating a member's utilization of services? Who is unaffiliated? Are there people who have declined to reveal their HIV status? Even though we have approximately 50% membership of HIV+ people, there appears to be a distinct shortage of unaffiliated consumers of services.

New Member Recommendations.

Three prospective members were approved by unanimous vote of the Membership Committee at its last meeting and will be put before the Council at its meeting January 22. This month the Committee wanted to also add its approval of *Derrick Mapp*. By the time these minutes are published, these four will have been voted up or down by the full Council. The Committee would like *Toni Butler* to have a chance to attend a full Council meeting, then would like to have further conversation with her. *Bob Teague* asked if the biographical information about nominees could be distributed to the membership before the monthly meeting. *LCG* asked staff to look up the dates of appointment for current members. It turned out that *John Conley's* term of appointment is up in the month of February. He will now need to reapply. The terms of appointment for *Sam Kaplan* and *Laura Carcagno Guzman* will then be up in March. We should establish some procedures for reappointment.

Orientation and Training

BT said the first member training was to be two days after this meeting, on Saturday January 20, 2001 at 9:00 AM in room 330, 25 Van Ness Ave. It is being done as the first of many Technical Assistance workshops to be presented in collaboration with the Membership Committee and presented by the AIDS Education Training Center. *Bob* presented his latest revision of the TA plan, containing a series of trainings, such as a session focused on group process, bylaws and procedures.

Bylaws Changes due to Language in Reauthorized CARE Act

LCG reported that *Laura Thomas* and *Michelle Long Dixon* had been working on some suggested Bylaws revisions. A small ad-hoc group will be working on this for the Council.

Attendance and Compliance Issues

Several Council members have been violating the minimum mandatory requirements for the past quarter and in some cases the past few quarters. They will get phone calls from someone on the Membership Committee.

FEB 22 2001

SAN FRANCISCO
PUBLIC LIBRARY**PWA CAUCUS – JANUARY 2001 REPORT****LAST MONTH'S CASES**

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2--	Case Management	St. Mary's	Staff Conduct	Pending
3-	Mental Health	SFGH Psych Unit (7B)	Quality of Care	Pending
4-	Housing*	Derek Silva - Catholic Charities	Quality of Care	Pending
5-	Housing*	Derek Silva - Catholic Charities	Quality of Care	Pending

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance. UOP responded to the client's grievance with a dismissal from the UOP program and a referral to Community Dental. Client is appealing UOP's decision. The Advocacy Project, after referring the client to ALRP based on UOP's possible retaliatory misconduct, is investigating the client's claims as to what are the standards of care for the issues raised in the complaint and whether these standards were breached in this case. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by Community Dental.
- 2- Client claims that he was discharged from St. Mary's dementia ward without any transition plan, except for a referral to Continuum. The Advocacy Project is conducting an inquiry into the allegations as well as what is the standard of care for discharge of a mental health patient and if that standard was breached in this case.
- 3- Client claims that he was treated without professional care while a patient at the Psychiatric Unit (7B) at SFGH. Client filed a grievance that included allegations of sexual harassment, breach of confidentiality, unprofessional staff conduct, false imprisonment and custodial negligence of personal property. SFGH responded with a brief reply; however, their response did not indicate whether an investigation was conducted, or what, if any, was the outcome of the inquiry. The Advocacy Project then appealed SFGH's reply asking for more information regarding concerning standards of care for staff conduct and whether they were breached in this case. SFGH then conducted a further internal inquiry and again provided a general response. The Advocacy Project has now requested more specificity to this second response.
- 4- Client filed a grievance claiming that another resident at Derek Silva entered his apartment without his consent. Client's assertions are based on his perception that some items appeared to have been moved. Client is awaiting a response from Derek Silva staff as to how they plan on dealing with his safety concerns. Advocacy Project is assisting client with the grievance and monitoring Derek Silva's response.

- 5- Client claims that he was stuck in the elevator at Derek Silva for nearly two hours with little communication from staff. With the assistance of the Advocacy Project, client filed a grievance asking for Derek Silva to develop an elevator malfunction response policy as well as investigating the delay and alleged unprofessional conduct by desk staff workers. Advocacy Project is assisting client in monitoring Derek Silva's response.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Housing	SFAF	Subsidy Denied	Resolved
2-	Housing	Derek Silva – Catholic Charities	Underutilized Housing	Pending
3-	Housing	Derek Silva – Catholic Charities	Breach of Confidentiality	Pending
4-	Housing	Derek Silva – Catholic Charities	Eviction	Resolved

- 1- Client was referred from the HWL to SFAF for a subsidy. During the referral intake process, client self-reported that she was in a partnered relationship and then was denied a subsidy due to her partner's income. Client contacted Advocacy Project and self-reported that although she was living with her friend to avoid homelessness, she did not consider herself in a partnered relationship. In fact, client claims she was trying to get out of the relationship because it included domestic violence. Advocacy Project contacted SFAF and HWL. It was agreed that client could change her status from "partnered" to "single" which more clearly reflect the nature of her relationship with her friend. Client now qualifies for the subsidy and will be re-referred when available. Client is satisfied with outcome.
- 2- Client claims that he & his partner have applied for a two bedroom at Derek Silva many months ago while some single residents are living in a two bedrooms. Client filed a grievance as to the policy regarding two bedroom apartments and what mechanisms are in place so that the decision for housing couples are made fairly for all residents. The Advocacy Project assisted the client with the grievance and has requested a response from Catholic Charities.
- 3- Client claims that his case manager staff violates other residents' confidentiality by revealing private and confidential information. Because of such alleged breaches, client does not trust the staff and has selected not to receive case management services on site. The Advocacy Project assisted client in filing the grievance and is awaiting a response from Catholic Charities.
- 4- Client was served with a 10-day eviction notice based on nuisance allegations. Advocacy Project intervened and negotiated a three-month stay so that the client can find appropriate housing. Although the client does not agree with the nuisance allegations, he is satisfied with the outcome.

* Duplicated Client

Referral Calls:	SFGH Grievance Procedures	1
	Ferguson Place Grievance Procedures	1
	API Wellness Center Grievance Procedures	1
	Derek Silva Grievance Procedures	1
	Mission Neighborhood Case Management Services	1
	T. A. R. C. Case Management Services	1
	ALRP Services	2
	<u>Total</u>	<u>8</u>

Susan Shea responded to concerns regarding limitations some providers are faced with regarding the type of insurance benefits one may receive. She explained that the Ryan White CARE Act allows for specific types of expenditures and contains rigid guidelines. She talked about the way “wrap-around dollars” fill the gaps in other services. She sees it as understandable how one could find it difficult to know where one is allowed to get care, which is determined by the form of insurance, be it either Medi-Cal/Medicaid or Private Insurance.

Pizza was served throughout the Forum, door prizes were raffled off and shopping vouchers were given to the participants. A survey was administered and the results are:

Gender: Female:7 Male:55 Transgender:5 Other: Indicated BI or Two Spirits:4
 Age Range: 15-25: 9 26-35: 12 36-40/: 19 41-66: 28
 Ethnicity: White:29 AA/Black:24 Hispanic/Latino:5 Native American:6 Other:6
 HIV Status: Identified as Positive:50 Identified as Negative:15 Identified as Care Giver:1
 - Identified as don't know:5

Services Used:

Healthcare-Medical – 39 consumers

W.M./16 B.M./9 W.F./1 B.F./3 L/H.M./2 N.A.M./1 N.A.F./1 Other Male/2 TG/4

Case Management: – 37 consumers

WM./15 B.M./6 W.F./2 B.F./2 L/H.M./2 N.A.M./2 Other M./3 TG/4

Substance Abuse Program – 31 consumers

W.M./10 B.M./8 W.F./0 B.F./4 L/H.M./4 Other M./1 TG/4

Mental Health – 26 consumers

W.M./14 B.M./4 W.F./0 B.F./1 N.A.M./2 L/H.M./1 Other M./2 TG/3

Dental Care – 24 consumers

W.M./10 B.M./6 W.F./0 B.F./3 N.A.M./0 L/H.M./2 Other M./1 TG/3

Money Management – 23 consumers

W.M./12 B.M./5 B.F./1 W.F./0 N.A.M./1 Other M./1 TG/2

Housing Services – 32 consumers

W.M./12 B.M./6 B.F./4 W.F./0 N.A.M./2 L/H.M./2 Other M./3 TG/3

Food Service – 45 consumers

W.M./17 B.M./12 B.F./4 W.F./0 N.A.M./1 L/H.M./3 Other M./ N.A.F./1 TG/4

Transportation – 23 consumers

W.M./8 B.M./5 W.F./0 B.F./2 L/H.M./2 N.A.M./1 N.A.F./1 Other M./2 TG/3

Legal Services – 11 consumers

W M/5 B.M./2 B.F./1 N.A.M./1 TG/2

Comments at the bottom of the surveys included brief statements about the services mentioned above as well as viewpoints about “shared values,” such as a desire to be treated fairly, have affordable housing available, and have access to information.

Another way of presenting the statistics is in the form a chart:

Gender			
Female 7	Male 55	Transgender 5	Other: indicated as BI or Two Spirits or gave no response 4

Age Range	15-29	26-35	36-40	41-66	41-66
	9	12	19	28	28
Ethnicity	Caucasian	African American/Black	Latino/ Hispanic	Native American	Other
	29	24	5	6	6
HIV Status	50 Identified Positive	15 Identified Negative	1 Identified as Care Giver	5 Identified as “ Don’t Know”	

Services Used	Total Response	White Male	Black Male	White Female	Black Female	Hispanic/Latino Male	Native American Male	Native American Female	Other	Transgender
Healthcare Medical	39	16	9	1	3	2	1	1	2	4
Case Management	37	15	6	2	2	2	2		3	4
Substance Abuse Program	31	10	8		4	4			1	4
Mental Health	26	14	4		1	1	2		2	3
Dental Care	24	10	6		3	2			1	3
Money Management	23	12	5		1		1		1	2
Housing	32	12	6		4	2	2		3	3
Food	45	17	12		4	3	1	1		4
Transportation	23	8	5		2	2	1	1	2	3
Legal	11	5	2		1		1			2

Report from the Consumer Rights Advocacy Project

Richard Bargetto provided his report covering the month of January 2001 (*see attachments*). In the interest of saving time he just passed it out.

Language in the Long Range Plan

Greg Neumark asked if other members had problems opening or downloading the email document. Those who had seen the draft being circulated said this may be an incomplete draft, but if this is it then the points discussed by the PWA Caucus didn't make it into the Plan. Members of the Caucus are extremely interested in the Long-Range Plan. It is probably a draft at this stage and several members expressed a desire to be involved in a second draft. *GN* again articulated the importance of ensuring that our values get reflected in this Plan. This is just as important as the Prioritization. We had identified some very important issues and they should be noted. More on this at the next meeting.

Reimbursements Policy for Lost Wages

Greg also wanted some further discussion on this issue, which has dragged out for about eight months. He wants input from the PWA Caucus about the standards for proof of lost wages. He wants this issue brought back to the Steering Committee with someone representing our views in that meeting. Many members support the concept of providing incentives for participation. *Ray* wants to see creativity applied to this policy-in-the-making. *Richard* said that the issue is whether *Greg* has to provide a document about lost wages or if this can be self-reported. *Brad* made a motion that the policy on lost wages follow a procedure of self-reporting as long as the member is able to fulfill the minimum attendance requirements of the Council. Members expressed their views about the amounts per meetings and per month. It was asked where the money comes from in the Council's budget. *Richard* said that there is a line item in the Council support budget for reimbursements. There was discussion about comparing these lost wages with Consultants hourly rates and with wages of support staff working for the Council. The cap was decided to be \$30 per meeting, \$60 per month. With seven Council members present, six voted in favor, 0 opposed and one abstention.

March Report - PWA Caucus Meeting DOCUMENTS DEPT.

MAR 22 2001

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Meeting Date: March 7, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Bart Casimir, Cecilia Chung (Co-Chair), Ray Combs, Gary Harrell (Co-Chair), Brad Hume, Jim Mitulski, Greg Neumark, and Robert Whitford.

Others Present: Richard Bargetto, HIV Consumer Rights Advocacy Project; Steven Feeback, minutes; Kenny Landes, Council nominee; Carolin Laufer, Observer; John McLaughlin, guest; Wayne Peace, Council nominee, and John Rosenzweig, Acting HIV Consumer Rights Advocate.

Next Meeting: Wednesday, April 4, 2001, 25 Van Ness, Room 330-B, 5:30-7:00 PM

Welcome and Introductions

Members introduced themselves and added some items to the meeting agenda.

Report from the Consumer Rights Advocacy Project

Richard Bargetto provided his report covering the month of February 2001 (*see attachments*) and introduced John Rosenzweig, his temporary replacement during the period of his Leave of Absence. All remains the same with this project and its services during the three months that Richard will be gone. Richard ran through the new cases from February. He highlighted a case in which clients lost their housing subsidy provided through SFAF for reasons related to domestic violence. This case was resolved because the Advocacy Project made inquiries with the Foundation. The couple wanted to stay together and is doing so under Court order to undergo counseling. So SFAF agreed to hold off on any termination of the subsidy. Another housing case involved a client's eviction from Derek Silva for reasons related to throwing a chair at another resident. This case also got resolved because Derek Silva agreed to withdraw the eviction papers and require anger management classes instead. Another eviction at Derek Silva could not be resolved so successfully. The Advocacy Project was able to provide some assistance and negotiated an agreement whereby the client will move out in 60 days and the eviction will not go on his record. Derek Silva is a housing complex designed around the plan for independent living. It is staffed accordingly. Yet, many of the residents are dually or triply diagnosed. Other issues and problems come into play within their living environment, producing conflicts. The staffing plan is not designed to deal with these conflicts. This partially explains the high number of complaints. *Robert Whitford* also laid part of the blame on the harm reduction model.

The 5-Year Long Range Plan

Laura Thomas reviewed some history related to this topic. She noted that shortly after preparing the prior 5-year Plan, the HIV epidemic began changing. Needs shifted away from long-term care and hospice capacity. New drug regimens brought about health improvements for many patients, producing a need for back-to-work programs and housing options. The Council did not make revision of this document a priority item until this past year. She outlined the contents of the current document that has emerged from numerous meetings devoted to the Long Range Plan. The PWA Caucus contributed a great deal to the section entitled "Shared Values, Shared Vision" as a result of caucus discussions last August. She is now bringing this section back to the PWA Caucus in order to get more input and a sense of follow-through from the prior discussions. This

section of the document is the beginning of a chapter covering basically where we are going or where do we want to go in the care and treatment of HIV disease. Using this section as a foundation, the Council needs to then develop its plan or a set of goals and objectives to guide its work for the next five years. That is done in the Priority Setting Process. She emphasized the following themes in the document:

- Consumers need to be involved in the design, implementation and evaluation of the system.
- The system needs to be integrated: planned, developed, and coordinated as a whole.
- A client-centered system of care.
- The seven core values.

Questions from members: 1) About outreach to the homeless population; 2) About other populations with special needs; 3) About the harm reduction modality; 4) About accepting people where they're at, including people using abstinence; 5) About how the Council intends to use this document; 6) About more strongly addressing employment of People Living with HIV at all levels; 7) About residential facilities using the harm reduction modality; 8) About use of marijuana and privacy rights in the residential facilities; 9) About how important access to services is and the need to overcome disparities in access; 10) About how these values relate to advocacy efforts on behalf of People Living with HIV; 11) About non-discrimination based on economic status; 12) About the priority of serving those in greatest need; and 13) About the Reggie system.

Prioritization Organizing Committee

The PWA Caucus will continue to meet during the period of Priority Setting. Everyone is invited to attend the meetings of this body that is being set up to organize the process and carry out a smooth process that everyone can feel good about. This is a four to five-month commitment, with perhaps three extra meetings per month associated specifically with this work. The core group of this committee should be consistent in attendance. One Co-chair of the committee will be one of the Council Co-Chairs; the other will be a person recommended by the PWA Caucus. Whoever is representing the Caucus should be in a position to communicate information back to the Caucus as well as facilitate the process for the entire effort. Two members received nominations to be a Co-Chair of the Organizing Committee: Greg Neumark and Gary Harrell. After discussing the facilitator role of Co-Chair, Greg Neumark asked not to be considered. The vote was 7-1 to approve Gary Harrell. His alternate is Robert Whitford. Brad will be attending from the Housing Committee. It is hoped that Greg Neumark can attend as well.

Bylaws Recommendations

The suggested revisions were passed around for any member who missed the Planning Council meeting. Amendments can be brought up at the next Council meeting. Greg Neumark put forward a motion to increase the percentages of People Living with HIV in general (a majority or 50% to 67%) and of unaffiliated consumers (33% to 40%). He advocated that this group of people is the central core of the Council just as they've been articulated to be in a "client-centered" system of care and services. Brad Hume expressed the hope that this bylaw revision not develop into a contentious issue with non-PWA members of the Council. It should not be seen as an us-versus-them situation. He would prefer that the Caucus give some thought to how we would go about recruitment and training of new members in order to accomplish the higher levels of participation. Many members concurred that these higher percentages would better reflect the values that had just been discussed in relationship to the Long Range Plan. Most people see the need to recruit more new members from among People Living with HIV and to build greater empowerment. Jim Mitulski clarified that there would be no attempt to remove anyone from the Council. The higher percentages would be utilized to raise our sights and would express our goals. It would be implemented through gradual means. The vote was taken and was 7-1 in favor. Further information was requested from the Membership Committee.

New Business: The harm reduction modality, the severe need definition, and orientation materials.

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PWA CAUCUS – FEBRUARY 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2-	Case Management	St. Mary's	Staff Conduct	Resolved
3-	Mental Health	SFGH Psych Unit (7B)	Quality of Care	Pending
4-	Housing*	Derek Silva - Catholic Charities	Quality of Care	Resolved
5-	Housing*	Derek Silva – Catholic Charities	Quality of Care	Resolved
6-	Housing	Derek Silva – Catholic Charities	Quality of Care	Resolved
7-	Housing	Derek Silva – Catholic Charities	Breach of Confidentiality	Resolved

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance. UOP responded to the client's grievance with a dismissal from the UOP program and a referral to Community Dental. Client is appealing UOP's decision. The Advocacy Project, after referring the client to ALRP based on UOP's possible retaliatory misconduct, is investigating the client's claims as to what are the standards of care for the issues raised in the complaint and whether these standards were breached in this case. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by Community Dental.
- 2- Client claims that he was discharged from St. Mary's dementia ward without any transition plan, except for a referral to Continuum. The Advocacy Project conducted an inquiry into the allegations as well as what is the standard of care for discharge of a mental health patient and if that standard was breached in this case. The Advocacy Project concludes that although a better discharge plan could have been in place prior client's departure, the client petitioned the court for a removal of conservatorship and self-discharged with only a few weeks warning.

- 3- Client claims that he was treated without professional care while a patient at the Psychiatric Unit (7) at SFGH. Client filed a grievance that included allegations of sexual harassment, breach of confidentiality, unprofessional staff conduct, false imprisonment and custodial negligence of person property. SFGH responded with a brief reply; however, their response did not indicate whether an investigation was conducted, or what, if any, was the outcome of the inquiry. The Advocacy Project then appealed SFGH's reply asking for more information regarding concerning standards of care for staff conduct and whether they were breached in this case. SFGH then conducted a further internal inquiry and again provided a general response. The Advocacy Project has now requested more specificity to this second response and a follow-up report is to be issued soon.
- 4- Client filed a grievance claiming that another resident at Derek Silva entered his apartment without his consent. Client's assertions are based on his perception that some items appeared to have been moved. Client is awaiting a response from Derek Silva staff as to how they plan on dealing with his safety concerns. After an investigation, staff found no signs of entry. Client is not satisfied with the response and has decided he would be happier if he moved out of the building.
- 5- Client claims that he was stuck in the elevator at Derek Silva for nearly two hours with little communication from staff. With the assistance of the Advocacy Project, client filed a grievance asking for Derek Silva to develop an elevator malfunction response policy as well as investigating the delay and alleged unprofessional conduct by desk staff workers. Advocacy Project is assisting client in monitoring Derek Silva's response. Client has withdrawn his grievance as he is moving out of the building.
- 6- Client claims that he & his partner have applied for a two bedroom at Derek Silva many months ago while some single residents are living in a two bedrooms. Client filed a grievance as to the policy regarding two bedroom apartments and what mechanisms are in place so that the decision for housing couples are made fairly for all residents. The Advocacy Project assisted the client with the grievance and has requested a response. Catholic Charities responded in writing that a waiting list procedure is in place and that the client's 2-bedroom apartment will be available by 3/1/01 as long as the client is currently compliant with all policies and procedures of the program. Client is satisfied with the outcome.
- 7- Client claims that his case manager staff violates other residents' confidentiality by revealing private and confidential information. Because of such alleged breaches, client does not trust the staff and has selected not to receive case management services on site. The Advocacy Project assisted client in filing the grievance and is awaiting a response. Catholic Charities conducted an inquiry into the alleged violations and found no conclusive evidence or documentation of any breach of confidentiality. Catholic Charities also noted that the grieving client's confidentiality was not alleged to be breached and that the alleged victims of the breach have not come forward to formally grieve. Client does not wish to appeal.

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Housing	SFAF	Subsidy Withdrawn	Resolved
2-	Housing	SFAF	Subsidy Withdrawn	Resolved
3-	Housing	Derek Silva	Eviction	Pending
4-	Housing*	Derek Silva	Eviction	Pending

- 1- Clients' subsidy is being withdrawn because of the domestic violence that has occurred between he and his partner who reside in the same dwelling place. The SFAF contends that they cannot fund an unsafe domicile. The SFAF has proposed that if the couple does not reside together the subsidy will be reinstated. Client has filed a grievance that he and his partner are engaging in court-ordered counseling and that they wish to keep the subsidy and remain in the relationship. The Advocacy Project has contacted the SFAF and they have reviewed the circumstances of the case. Upon further review, the SFAF has changed its position and the client will be able to continue living together with the subsidy intact. The client and his partner are satisfied.
- 2- See above.
- 3- Client committed violent acts and threats of violence. Client claims that these acts were not of his own volition but due to an allergic reaction to morphine. Catholic Charities served client with eviction notice. The Advocacy Project has intervened and is counseling client as to his options. Catholic Charities has proposed a withdrawal of the eviction if client seeks counseling and anger management classes. Client is considering the proposal.
- 4- Catholic Charities claims that client has performed violent threats to other residents, staff and destruction of property and served client with an eviction notice. The Advocacy Project assisted the client in negotiating a settlement with Catholic Charities in lieu of pursuing an eviction. The terms of the settlement are that the Client will be able to stay in his apartment for 2 months and the eviction action will be dropped. Although the client agrees to the terms of this settlement, he still believes that Derek Silva staff should be punished in some way.

* Duplicated Client

Referral Calls:	Derek Silva Grievance Procedures	3
	Private Attorney	1
	Westside Case Management Services	1
	Baker Places Housing Services	1
	Rent Board/Housing Rights Committee	1
	Peter Claver Grievance Procedures	1
	<u>ALRP Grievance Procedures</u>	<u>1</u>
	Total	9

April Report - PWA Caucus Meeting

4/01 **Meeting Date:** April 4, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:00 PM

Members Present: Cecilia Chung (Co-Chair), Gary Harrell (Co-Chair), Brad Hume, Greg Neumark, and Bob Teague.

Others Present: John Rosenzweig, HIV Consumer Rights Advocacy Project; Steven Feeback, minutes; Kevin Johnson, consumer/staff; and Edward Patterson, Council nominee and consumer of services.

Next Meeting: Wednesday, May 2, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

Welcome and Introductions

Cecilia Chung called the meeting to order. Members introduced themselves and approved the meeting agenda.

Announcements

Brad Hume made a brief report about levels of funding contained in the just-released federal budget plan of Pres. Bush for the Ryan White CARE Act. San Francisco is very likely to receive a cut in its Title I grant this year; and the more likely that will be under what is called "flat funding," which is what Bush has sent to Congress. Brad also announced an upcoming Forum on Housing Issues for People with HIV and AIDS. The Forum is hoping to hear from providers, advocates and individuals living with HIV disease who want to testify before a panel of decision-makers, including two Supervisors and directors of major City agencies. The Forum will be held May 31st from 1 to 3 PM. It will be at the SF Main Library. His third announcement had to do with the content of the Housing Committee meeting just completed. The Committee invited Ann Kronenberg of DPH to give an update on the SRO Task Force. Brad said he was somewhat encouraged by the information he heard from Ann. The SRO Task Force will be issuing its first report of activities very soon. Then, on May 15th the Task Force will be presenting its plan to the Board of Supervisors. Further action is needed and planned for the upcoming year of work. *Gary Harrell* asked Brad if there was any new information about the changes in emergency housing vouchers and the plan to inform consumers about the changes. Brad said he anticipated some new information in the next few weeks going out to providers and consumers. Work is very advanced on the three renovated buildings and the transition date is still set for July 1, 2001. CC asked Brad if DPH-Housing Services would be presenting to the full Council between now and July 1st. Brad responded that the Housing Committee is going to start working on an extensive presentation of Housing-related stuff, and that will be delivered to the Council in the context of the Priority Setting process. CC advocated that further information about changes in emergency housing vouchers be provided prior to the Housing presentation as part of the Prioritization process.

Report from the Consumer Rights Advocacy Project

John Rosenzweig provided his report covering the month of March 2001 (*see attachments*). John said Richard had done an excellent job of wrapping up many of the cases before taking his Leave of Absence. John ran through the new cases that came up over the course of the month he has been working in Richard's place. He highlighted a few of the new cases. The first client he mentioned has experienced years of

difficulties at UOP Dental School. The client now seems satisfied that his issue about the quality of care was recognized by UOP, and the client accepts responsibility for the role that some of his confrontational behavior has played in the service problems. The second client had lost a subsidy opportunity at Catholic Charities and had worked with Richard on a grievance. John expressed his view that more important than the grievance was re-instatement of his opportunity to receive this service from Catholic Charities (payment of past-due rent). Now, it appears there is satisfactory progress. The third client complained about an unauthorized disclosure of his medical history by a staff member at Catholic Charities. The client also says he has not received adequate support services in his housing search. This case is unresolved because the client also may not trust the services of the HIV Consumer Rights Advocate, preferring instead to pursue his grievance with the SF Human Rights Commission. The fourth new client had two similar complaints, one against AIDS Health Project and the other against SF AIDS Foundation for not allowing a telephone intake at a time when he was suffering from severe fatigue, weight loss and limited vision. This case may involve denial of reasonable access to service and/or reasonable accommodation of his medical condition. It is still pending. In the meantime, the Advocacy Project also contacted the ALRP to arrange for an expedited referral for the service of preparing a will and powers of attorney, due to the client's medical condition. There is clearly a need to clarify with some agencies when it is appropriate to utilize telephone intake procedures.

Recruitment Issues for Council Membership

Bob Teague passed around some materials related to recruitment of People living with HIV in order to help the PWA Caucus fulfill the recruitment and membership goals of the newly reauthorized Ryan White CARE Act and the just-revised Council Bylaws. Bob is committed to ensuring that new Council members receive adequate orientation and training. He ran through some of the hand-outs, documents generated by HRSA. He considered this material to be good background information. He wanted the Caucus to help address the ongoing dilemma of how to get qualified people into the door and at the table, then effectively participating in the work of this Planning Council. Every Council in the country faces these issues related to its nomination process and orientation of new members. Therefore, some of these HRSA-generated materials attempt to summarize the experiences of other groups. Perhaps there are some ideas we can use or adapt to our needs here. Obviously, recruitment and retention efforts are an ongoing effort and are everyone's responsibility. Many techniques and potential ideas from other EMAs are listed. *Greg Neumark* said he wanted to debate the Planning Council's Support Budget in order to insure that there is adequate money available for Council outreach, recruitment and retention efforts. He wants to increase the Council Support Budget. He doesn't believe this budget has ever had significant input from very many Council members. He believes control of this budget has been "handed off" before and does not want to see this continue. The PWA Caucus is very concerned about supporting all the recruitment efforts and welcomes communication with the Membership Committee.

Priority Setting Process

Bob Teague explained some of the basic precepts of this process. This time we will not produce a "wish list." It will be goals and objectives—things we can then check to make sure the action steps are in place. He talked about the schedule and the overall plan with data, research, learning materials, presentations, etc. Everyone thanked Bob for bringing materials and information.

Forums

Everyone wanted to do outreach events and consumer input activities. The only debate was about the type of event, the neighborhood, the focus on prioritization or not or a focus on dental care, the dates, the locations, the workload, the intensifying meeting schedule for the Council. It is expected that the Caucus will be central to the consumer input component. We would like other members of the Council to help out and contribute. *BH* said that many people are looking to the Caucus to take a lead role. He thinks it is crucial to get information from the community. He hopes we can find good methods that don't over-burden Council staff with details of organizing. He supported the idea of using other forums that are already planned by other

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PWA CAUCUS – MARCH 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2-	Mental Health	SFGH Psych Unit (7B)	Quality of Care	Resolved
3-	Housing	Derek Silva	Eviction	Resolved
4-	Housing*	Derek Silva	Eviction	Resolved

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance. UOP responded to the client's grievance with a dismissal from the UOP program and a referral to Community Dental. Client is appealing UOP's decision. The Advocacy Project referred the client to ALRP based on UOP's possible retaliatory misconduct, but the attorney he was referred declined to take his case. The Advocacy Project is investigating the client's claims as to what are the standards of care for the issues raised in the complaint and whether these standards were breached in this case. Additionally, the Advocacy Project is working with the client to get his outstanding dental work completed by Community Dental.
- 2- Client claims that he was treated without professional care while a patient at the Psychiatric Unit (7B) at SFGH. Client filed a grievance that included allegations of sexual harassment, breach of confidentiality, unprofessional staff conduct, false imprisonment and custodial negligence of personal property. SFGH responded with a brief reply; however, their response did not indicate whether an investigation was conducted, or what, if any, was the outcome of the inquiry. The Advocacy Project then appealed SFGH's reply asking for more information regarding standards of care for staff conduct and whether they were breached in this case. SFGH then conducted a further internal inquiry and again provided a general response. The Advocacy Project requested more specificity to this second response and a follow-up report providing more specific answers was issued indicating that SFGH has reviewed its policies and procedures, and has counseled staff on appropriate conduct. Client is satisfied that his grievance has been aired and does not wish to pursue the grievance any further.

groups. *GN* talked about the Housing Forum sponsored by ALRP. We should try to work with them and perhaps get an additional bit of input about our needs. *GH* pushed for returning to the Tenderloin in order to give some response to those who attended the prior event, especially about the SRO hotel conditions. *CC* asked that we stick to what is realistic. She asked that we try to give each other more support in these meetings, trying to avoid cross-talk as part of the meeting. She also talked about her limited time during these months. *BH* talked about the need to be honest with the rest of the Council about what we can realistically do and how much energy we have for this work of getting input about services from a greater variety of consumers. *GN* asked for attention to the upcoming votes about Priorities and Allocations to Service Categories. Once we focus on the need to have a good idea of what consumers need and want, we will see the need for input about how we vote on those issues in August. We really want public comment and consumer voices to be heard. Edward Patterson summarized the proposition on the floor about calling for a forum for PWA community input before Prioritization is completed. It passed 3-1 among voting members of the Council, with the one person opposed (Brad) saying he was not committed to one forum but rather several strategies for getting input. *GN* asked that we consider doing a forum on our own and trying to organize other input activities with others. He hoped these concepts were not mutually exclusive. He moved that we go ahead and ask to take part in the ALRP forum, while investigating other venues and opportunities for getting input during the process known as Prioritization. This motion also passed. Some wanted to form an ad-hoc committee to work on this. It will be on the agenda again next month.

Harm Reduction

CC said she has asked Bob Teague to prepare some materials on the history of this and how it is handled in other countries. She would like to see some education take place.

New Business: same as last month.

- 3- Client committed violent acts and threats of violence. Client claims that these acts were not of his own volition but due to an allergic reaction to morphine. Catholic Charities served client with eviction notice. The Advocacy Project intervened and counseled client as to his options. Catholic Charities withdrew the eviction notice after the client apologized to the other residents and staff and signed releases allowing Catholic Charities staff to share information with his caregivers.
- 4- Catholic Charities claims that client has performed violent threats to other residents, staff and destruction of property and served client with an eviction notice. The Advocacy Project assisted the client in negotiating a settlement with Catholic Charities in lieu of pursuing an eviction. The terms of the settlement are that the Client was able to stay in his apartment for 2 months and the eviction action was dropped. The client moved out of his apartment as required by the settlement agreement.

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Dental	UOP	Quality of Care	Pending
2-	Housing	Catholic Charities	Access to services	Pending
3-	Housing	Catholic Charities	Unauthorized Disclosure	Pending
4-	Other	AHP	Access to Services	Pending
5-	Other*	SFAF	Access to Services	Pending

- 1- Client claims that he has been mistreated by staff and professionals at UOP over the past few years, and that inappropriate notations have been made in his dental charts regarding his behavior. Client believes these notations have given him a bad reputation at UOP, and that he would be subjected to further mistreatment if he were to continue as a patient at UOP. Client filed a grievance against UOP regarding several alleged incidents of mistreatment and improper notations, and UOP has responded in detail. The Advocacy Project will meet with the client to determine if he is satisfied with UOP's response, or if he wishes to pursue his grievance.
- 2- Client claims that Catholic Charities denied him a housing subsidy because they could not reach him by telephone. Client has voice mail, but no telephone service. Catholic Charities staff left client a series of messages informing him he had qualified for a housing subsidy to pay past-due rent, and asking client to call to set up an intake appointment. Client returned the telephone calls, but could not reach the person who left the messages, and left a series of messages for Catholic Charities staff informing them when he would be available to come in. When client finally reached the staff person by telephone, she informed him that the subsidy had been awarded to someone else. The client filed a written grievance on his own, then contacted the Advocacy Project for assistance. The Advocacy Project contacted Catholic Charities and arranged for the client to reapply for the subsidy under revised procedures. Client has not decided whether he wants to further pursue his grievance.
- 3- Client claims that staff at Catholic Charities made an unauthorized disclosure of his psychiatric history to the president of the tenants association of a building into which he was planning to move. According to the client, this disclosure damaged the client's reputation and denied him potential housing, since he feels that he could not live in a building where residents know his psychiatric history. Client also claims that Catholic Charities has done an inadequate job of finding him housing where he can use his housing subsidy, and that SRO hotels to which he was referred were uninhabitable and too expensive. Catholic Charities maintains that it does not find people housing.

and does not vouch for the quality of the hotels to which it refers clients. The Advocacy Project assisted client in drafting a grievance addressing his concerns, and attempted to facilitate communications with Catholic Charities regarding his immediate housing needs. Client has elected to pursue the grievance with the San Francisco Human Rights Commission.

- 4- Client claims that AHP created barriers to its services that amounted to a denial of reasonable accommodation. The client had requested a telephone intake due to severe fatigue and limited vision and AHP insisted that he come to its office for three separate appointments before he was referred to a therapist, and then required him to wait four to five months for an appointment. Client feels that the therapist he was assigned to provided inappropriate counseling. According to the client, the therapist also refused to accommodate his request for a two week break in his therapy sessions, claiming it was AHP's policy not to allow such a break. The Advocacy Project is assisting the client in preparing a grievance addressing the issues raised by the client's experience with AHP.
- 5- Client claims that SFAF created barriers to its services that amounted to a denial of reasonable accommodation. According to the client, who has severe fatigue and limited vision, the SFAF required him on two separate occasions to come to its offices for services that could have been provided over the telephone or at his home. When he arrived for these appointments, he was required to wait 45 minutes for the first appointment and 1½ hours for the second appointment. The client also believes he was misinformed about the services to be provided at the second appointment, which he believed was for the purpose of meeting with an ALRP attorney to prepare a will and powers of attorney. The appointment was in fact with an ALRP staff attorney to do an intake for referral to a volunteer attorney within two to three months. The Advocacy Project is assisting the client in preparing a grievance concerning the SFAF's procedures. The Advocacy Project also contacted the ALRP to arrange for an expedited referral due to the client's medical condition.

* Duplicated Client

Referral Calls:	ALRP	1
	Kaiser	1
	PRC/SFAF	1
	Community Dental	1
	Bank of America	1
	HIV Immigration Law Project	1
	Total	6

(Report prepared by John Rosenzweig on 4/4/01)

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2 May Report - PWA Caucus Meeting

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Meeting Date: May 2, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:30 PM

Members Present: Cecilia Chung (Co-Chair), Ray Combs, Gary Harrell (Co-Chair), Brad Hume, Jim Mitulski, Wayne Peace, and Robert Whitford.

Others Present: Edward Patterson, (Council nominee and consumer of services). Steven Feeback, minutes. Marsha Herring, Joseph Cecere and Michelle Long-Dixon, (AIDS Office). and Jonathon Rosenzweig (HIV Consumer Rights Advocacy project).

Next Meeting: Wednesday, May 16, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

Welcome and Introductions

Cecilia Chung called the meeting to order. Members introduced themselves and approved the meeting agenda.

Announcements

General information on the FY01 budget and the Council Support budget will be reviewed at the next Planning Council meeting on May 21st. *Catherine Gecauracos* has allowed her name to be put forward as a nominee to fill the Co-chair's term until September 2001.

Report from the Consumer Rights Advocacy Project

John Rosenzweig gave a report on the new cases that the Consumer Rights Advocacy Project had taken on. Please see attached information. There were five recent cases. The first was a client who filed a grievance with the assistance of the Advocacy project, and is simultaneously utilizing the grievance procedures of the SF Human Rights Commission. The second case involved a client who had a HOPWA/Section8 voucher and found a building willing to accept him, but was still being denied by the Housing Authority due to a dispute over the amount of the security deposit. The third and fourth cases surrounded domestic partners and claims that their case manager was discriminating against them. Lastly, a client with dementia complained that he was experiencing difficulty securing an appointment at UOP. This brought forth a brief discussion pertaining to PLWH and the need for better dental care. It was agreed that this topic would be addressed at a future meeting as part of the Prioritization process.

Meeting Schedule

Cecelia introduced the idea of having an extra meeting in order to put together a consumer questionnaire that is due by July 1st. Council members who are also providers have been invited to attend Caucus meetings in order to provide some input on methodology. The Caucus agreed that as many segments of the HIV/AIDS population as possible should be targeted in order to reflect a cross-section of services in the city. The number of questions and the nature of the questions would be addressed at the next Caucus meeting. A motion was made to have an additional meeting this month (May) to finish work on the questionnaire. It was a unanimous vote to accept that plan; May 16th at 5:30pm was agreed upon as the date for the extra meeting.

Membership Issues

CC said that the recently adopted by-law amendment states that 67% of the Council membership must be comprised of PLWH and 40% of unaffiliated consumers. There was discussion pertaining to the active recruitment of the aforementioned populations. *Edward Patterson* suggested that each Council member take some responsibility in the area of recruitment. CC stated that the Council was in need of more participation from HIV+ people of color, HIV+ women, and HIV+ youth.

New Business

Wayne Peace presented his concerns regarding dental care. He said that his dental insurance contains a cap, and he wanted to explore some changes in how dental care is handled by providers funded under the CARE Act. He was encouraged to get appropriate treatment for his particular situation, using his insurance (up to the cap) and other methods after that. During Prioritization, dental services in general will be a topic of discussion in the full Planning Council. There is a great deal of interest in that service category.

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PWA CAUCUS – APRIL 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2-	Dental	UOP	Quality of Care	Pending
3-	Housing	Catholic Charities	Access to services	Pending
4-	Housing	Catholic Charities	Unauthorized Disclosure	Resolved
5-	Other	AHP	Access to Services	Pending
6-	Other*	SFAF	Access to Services	Pending

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance in the form of a memo addressed to the Advocacy Project, which was forwarded to UOP. UOP referred the memo to their attorney, and responded to the client's memo with a dismissal from the UOP program and a referral to Community Dental. UOP's attorney asserts that the memo was not a grievance, and insists that UOP has no further obligations to the client. The client, an attorney, wishes to prepare his own response to the attorney, and is in the process of doing so.
- 2- Client claims that he has been mistreated by staff and professionals at UOP over the past few years, and that inappropriate notations have been made in his dental charts regarding his behavior. Client believes these notations have damaged his reputation at UOP, and that he would be subjected to further mistreatment if he were to continue as a patient at UOP. Client filed a grievance against UOP regarding several alleged incidents of mistreatment and improper notations, and UOP has responded. Client is dissatisfied with UOP's response, and the Advocacy Project has arranged a meeting among the client, UOP administration, and the Advocacy Project. The Advocacy Project has also forwarded a copy of the client's grievance and UOP's response to the AIDS Office at the client's request.
- 3- Client claims that Catholic Charities denied him a housing subsidy because they could not reach him by telephone. Client has voice mail, but no telephone service. Catholic Charities staff left client a series of messages informing him he had qualified for a housing subsidy to pay past-due rent, and

asking client to call to set up an intake appointment. Client returned the telephone calls, but could not reach the person who left the messages, and left a series of messages for Catholic Charities staff informing them when he would be available to come in. When client finally reached the staff person by telephone, she informed him that the subsidy had been awarded to someone else. The client filed a written grievance on his own, then contacted the Advocacy Project for assistance. The Advocacy Project contacted Catholic Charities and arranged for the client to reapply for the subsidy under revised procedures. Client has not decided whether he wants to further pursue his grievance.

- 4- Client claims that staff at Catholic Charities made an unauthorized disclosure of his psychiatric history to the president of the tenants association of a building into which he was planning to move. According to the client, this disclosure damaged the client's reputation and denied him potential housing, since he feels that he could not live in a building where residents know his psychiatric history. Client also claims that Catholic Charities has done an inadequate job of finding him housing where he can use his housing subsidy, and that SRO hotels to which he was referred were uninhabitable and too expensive. Catholic Charities maintains that it does not find people housing, and does not vouch for the quality of the hotels to which it refers clients. The Advocacy Project assisted client in drafting a grievance addressing his concerns, and attempted to facilitate communications with Catholic Charities regarding his immediate housing needs. Client also contacted the San Francisco Human Rights Commission, which has sent a letter informing Catholic Charities of the unauthorized disclosure and requesting that the staffperson responsible for he disclosure be disciplined.
- 5- Client claims that AHP created barriers to its services that amounted to a denial of reasonable accommodation. The client had requested a telephone intake due to severe fatigue and limited vision and AHP insisted that he come to its office for three separate appointments before he was referred to a therapist, and then required him to wait four to five months for an appointment. Client feels that the therapist he was assigned to provided inappropriate counseling. According to the client, the therapist also refused to accommodate his request for a two week break in his therapy sessions, claiming it was AHP's policy not to allow such a break. The Advocacy Project is assisting the client in preparing a grievance addressing the issues raised by the client's experience with AHP.
- 6*- Client claims that SFAF created barriers to its services that amounted to a denial of reasonable accommodation. According to the client, who has severe fatigue and limited vision, the SFAF required him on two separate occasions to come to its offices for services that could have been provided over the telephone or at his home. When he arrived for these appointments, he was required to wait 45 minutes for the first appointment and 1½ hours for the second appointment. The client also believes he was misinformed about the services to be provided at the second appointment, which he believed was for the purpose of meeting with an ALRP attorney to prepare a will and powers of attorney. The appointment was in fact with an ALRP staff attorney to do an intake for referral to a volunteer attorney within two to three months. The Advocacy Project is assisting the client in preparing a grievance concerning the SFAF's procedures. The Advocacy Project also contacted the ALRP to arrange for an expedited referral due to the client's medical condition.

* Duplicated Client

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Housing	Black Coalition on AIDS	Discrimination	Pending
2-	Housing	Redevelopment Agency	Restrictive Policies	Resolved
3-	Case Management	Tenderloin AIDS Resource Center	Quality of Service	Pending
4-	Case Management	Tenderloin AIDS Resource Center	Quality of Service	Pending
5-	Dental	UOP	Quality of Service	Resolved
1-	Client believes that the Black Coalition on AIDS/Rafiki Housing Program/Brandy Moore House has denied him housing based on a staffperson's knowledge of his prior use of medicinal marijuana in another program. Client filed a grievance with the assistance of the Advocacy Project, and is simultaneously utilizing the grievance procedures of the Human Rights Commission.			
2-	Client had located an apartment that would accept his HOPWA/Section 8 subsidy and his cat. However, the Housing Authority, which administers the HOPWA/Section 8 program for the Redevelopment Agency, refused to approve the lease agreement. The lease agreement required a tenant security deposit in excess of the amount allowed by the program, but the tenant was willing to pay the full amount and had enough money to do so. Both the landlord and the Housing Authority refused to compromise. The Advocacy Project contacted the Redevelopment Agency, which agreed to remove the restriction on the amount of a tenant's security deposit in cases where the landlord insists on a higher amount and the tenant has the ability to pay that amount. The client and his cat are in the process of moving into their new apartment.			
3&4	Clients, who are domestic partners, have a number of complaints about their case manager at TARC, primarily relating to his failure to get them into permanent housing, but also involving poor communication and failure to give clients food vouchers and housing vouchers. Clients believe they may have been discriminated against. The Advocacy Project arranged a meeting among the clients, the case manager's supervisor and the Advocacy Project where the clients presented their complaints, and the TARC supervisor responded informally to some of their complaints and arranged to have the clients transferred to another case manager. The TARC supervisor is in the process of preparing a formal response to their grievance.			
5-	Client, who has memory problems, complained that he had had problems trying to make an appointment at UOP, and that his phone calls to the UOP CARE program had not been returned. The Advocacy Project called the UOP CARE Program Coordinator, who explained that he was awaiting medical records that he had requested from the client's physician. He agreed to call the doctor's office again to follow up on the request, and to schedule the client to come in the next day to be seen for discomfort the client was experiencing.			
Referral Calls:	ALRP		3	
	St. Mary's Medical Center		1	
	We Care Bay Area		1	
	SFAF Case Management		1	
	Project Inform		1	
	Positive Resource Center		1	
	Total		8	

16 May Report - PWA Caucus Meeting

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Meeting Date:	May 16, 2001	JUN - 7 2001
Meeting Place:	25 Van Ness Ave., Room 330-B	SAN FRANCISCO
Meeting Time:	5:30 to 7:30 PM	PUBLIC LIBRARY
Members Present:	Cecilia Chung (Co-Chair), Greg Neumark, Robert R. Whitford, Janis Takamoto, and Catherine Geanuracos.	
Others Present:	Edward Patterson, Council nominee and consumer of services. Steven Feeback and Christopher Murphy, minutes. Laura Thomas AIDS Office	
Next Meeting:	Wednesday, June 6, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM	

Welcome and Introductions

Cecilia Chung called the meeting to order. Members introduced themselves and approved the agenda. Cecelia made a brief statement pertaining to the questions that the Council needs to devise by the end of the meeting. The focus of the questions will identify how people living with HIV feel about the services that they have been receiving. She suggested that the questionnaire be distributed at the grocery center and other consumer populated places.

Planning Council Support Budget

Greg Neumark said he wanted to amend the Council Support budget, specifically the consulting line items. He explained that the last three consulting sub-contracts noted in the budget were not entered into as yet, and he felt that the quoted amount for consultants' hourly rates should be changed. His reason for wanting to make this change was, in part, because many PLWH live on very limited incomes and it seems extreme to him to be paying such high rates to consultants. Greg wanted to see the difference from the reduced amount that would be paid to subcontractors dispersed as follows: 1) an additional \$2,000 to outreach materials, 2) \$4,500 for outreach consulting at the pay rate of \$15.00 per hour for 300 hours of outreach, and 3) the \$850 remainder for salaries of the Administrative Coordinator and the Administrative Assistant (\$500 and \$350 respectively). Greg was surprised that there was \$41,000 remaining unspent from last year's budget and that the Council was not made aware of this. *Laura Thomas* commented that the Grantee (DPH) and the Contractor (PRC), not the Council, handled the actual negotiation of line items in the budget. She said that the Prioritization Organizing Committee had voted at its 5/14 meeting to approve the Planning Council Support budget. She indicated that perhaps it was too late to make further changes. Greg countered that the Ryan White CARE Act gives authority to the Planning Council to alter provisions of the Council Support budget. He added that the three items in question were sub-contracts that had not yet been finalized. Members generally concurred with Greg's proposal of reducing the subcontractor's fees but were not comfortable with the rate that Greg proposed. *Catherine Geanuracos* inquired if the Council had the authority to vote yes or no on this budget, and, if so, could the Council also make specific recommendations. Laura stated that yes, the Council had the power to vote either yes or no on the budget, and they had the power to make recommendations. However, the Council usually does not set the number of hours and the rate of pay that sub-contractors should receive. With this additional information, a vote on Greg's amendment was requested. The result was a 3-1 tally in favor of the amendment with two members not participating due to a lack of information.

Consumer Input

Cecelia reported that she had met with staff at Project Open Hand to discuss the possibility of distributing the questionnaires at the grocery center. She stated further that she has contacted other agencies that have conducted forums and groups. Catherine added that she had just completed a focus group for clients of Larking Street Youth Services concerning their services. The focus group included HIV-positive youth and at-risk young people. Catherine said that it was important to understand why people dropped out of services and why people did not pursue services. Gay youth, youth of color, and young women were specifically targeted for this study. She said that what they found was that the lack of confidentiality kept a lot of people out of services. This was true especially for people of color. The study also indicated that young people took up to a year and a half to seek services after they tested positive. Participants reflected that the peer advocacy group available at Larkin Street was key to their ultimate decision to seek care. Catherine said that in regards to her findings, the smaller discussion groups worked best and that perhaps a smaller number of questions would work better. Cecelia opened the group to discussion on possible questions for the consumer questionnaire.

The Questions

The group went through considerable discussion in order to arrive at the following questions:

- *What is the most helpful service?*
- *What turns you off to services?*
- *What has been the most important to you?*
- *What makes for a good service?*
- *What do you need that you are not getting?*
- *What keeps you from getting the services that you need?*
- *How satisfied are you with the services that you have gotten?*

The group determined that most of these questions would be multiple choice.

New Business: the meeting scheduled for the Fourth of July was switched to June 28th. Also, one more extra meeting may have to be scheduled in between the June 6th and the June 28th meetings.

HIV Health Services Planning Council Questionnaire

The HIV Health Services Planning Council is a group of community representatives, including people living with HIV, who set funding priorities for HIV services in San Francisco. We are distributing this anonymous survey so we can learn more about your experience using services for people living with HIV. In order for the Planning Council to make decisions that will improve HIV services in San Francisco, we need to know if you are receiving the assistance that you need. We are interested in your experience with all HIV-related services you have used or are currently using, not just your opinion of the program where you received this survey. Your input is very important and we thank you for taking a little bit of your time to answer these questions.

What are the most helpful services you have received in the last six months?

- | | |
|--|--|
| ☐ <i>Primary Medical Care</i> | ☐ <i>Money Management</i> |
| ☐ <i>Case Management</i> | ☐ <i>Housing</i> |
| ☐ <i>Substance Abuse Program</i> | ☐ <i>Food</i> |
| ☐ <i>Mental Health Counseling</i> | ☐ <i>Transportation</i> |
| ☐ <i>Dental Care</i> | ☐ <i>Legal Assistance</i> |
| ☐ <i>Other:</i> | |

What services have you needed during the past six months that you did not receive?

- | | |
|--|--|
| ☐ <i>Primary Medical Care</i> | ☐ <i>Money Management</i> |
| ☐ <i>Case Management</i> | ☐ <i>Housing</i> |
| ☐ <i>Substance Abuse Program</i> | ☐ <i>Food</i> |
| ☐ <i>Mental Health Counseling</i> | ☐ <i>Transportation</i> |
| ☐ <i>Dental Care</i> | ☐ <i>Legal Assistance</i> |
| ☐ <i>Other:</i> | |

What makes for a good service?

What keeps you from getting the services that you need?

How satisfied are you with the services you've received? 1 = extremely dissatisfied; 10 = extremely satisfied

1 2 3 4 5 6 7 8 9 10

Your Age:

Your Race/Ethnicity:

Your Gender:

Your Sexual Orientation:

Your Zip Code:

Your Income Level: \$0-\$500 \$500-\$1000 over \$1000
(please circle one monthly income category)

2.65

June Report - PWA Caucus Meeting

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Meeting Date: June 6, 2001

JUL - 5 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

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Meeting Time: 5:30 to 7:30 PM

Members Present: Cecilia Chung (Co-Chair), Gary Harrell (Co-Chair), Ray Combs, Rob Whitford, Wayne Peace, Brad Hume, and Jose Villarce

Others Present: Edward Patterson, Council nominee and consumer of services. John Rosenzweig, HIV Consumer Rights Advocacy Project. Lucky Choi, consumer. Eric Ciasullo, DPH-HHS. Steven Feeback and Christopher Murphy, minutes.

Next Meeting: Wednesday, June 27, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

I. Announcements

June 12th at the Seneca Hotel there will be a meeting with some members of the Board of Supervisors pertaining to SROs. Also on June 12th will be the dental focus group to discuss dental care for PLWH. The focus of the group will not be how to access services but rather the types of services that are authorized under the CARE dental program and how to make services more available for clients.

II. Housing Committee Report

Brad Hume presented recommendations that the Housing Committee was then considering in preparation for its presentation to the Planning Council during prioritization:

1) Expand the number of rooms available for emergency voucher blocks. 2) Increase the resources for the master leasing of buildings. 3) Educate and train staff working with active users. 4) Provide appropriate staffing to respond to the higher level of needs in the harm reduction environment. 5) Advocate for increased building code compliance and enforcement by gaining a Council seat on the SRO Task Force. 6) Increase legal advocacy for eviction prevention. 7) Ensure existing stock of housing is not reduced. 8) Ensure all housing assistance programs include a strategy that focuses on shifting clients into or maintaining stable housing.

Brad said these would probably get further summarized. He asked if members of the PWA Caucus thought the Housing Committee was on the right track. Opinions and questions followed. It seemed like a difficult task to get a seat on the SRO Task Force. The amount of money that the Council allocates to emergency housing is relatively small. Only a portion of that funding goes toward SRO units. Nevertheless, there are large numbers of CARE services clients living in the SROs. The master leasing efforts and building renovations now underway are collaborative projects, utilizing a variety of funding sources and agencies. Minimal CARE money is going to the two buildings about to come online, the Star and the Camelot. PLWH will be getting a higher percentage of slots than the percentage of money the Council is contributing. The buildings are behind schedule, perhaps as late as November, due to extensive renovation and construction delays. Referrals will not be from the Housing Wait List. On an up note, Brad stated that the Redevelopment Commission had approved an allocation of \$30,000 to the SFAF to help with the transition period from the voucher program to the block of 20 units. This and other transitions will be taking place over the course of the summer and fall. These will involve the shelters as well as the transitional and emergency housing. The

amount of emergency beds available each night may prove to be insufficient to serve the needs that are out there. Some members were dissatisfied that the funding and the housing slots may be “tied up” in the two renovated buildings. It was hoped that units do not sit empty while the need for emergency housing is so obvious. These buildings will be a big improvement over the conditions in other hotels, but they will only be able to house a small percentage of the people who need shelter and housing.

III. Report from the Consumer Rights Advocacy Project

John Rosenzweig presented four new cases that were resolved and eight outstanding cases that he was still trying to wrap up. The first of the four resolved cases was a man who had difficulty obtaining his security deposit upon his departure from Baker Places. He did finally receive a check. Two cases pertained to the Housing Wait List. One man was told that he was dropped from the HWL only to be located on inactive status. His name was re-activated and he is now awaiting placement. Another man raised a question about his position on the Housing Wait List because he lives at a Residential Care Facility with his service animal (this has been the subject of much controversy, even litigation). The policy is that once in stable housing, the resident has to give up the top position. The last case was a person who accessed the AIDS Emergency Fund for housing but did not stay the duration of the month that the check covered. She was having trouble getting the balance sent back to the AEF, where she would be able to access these funds for other necessities. This, too, got cleared up. *Cecelia Chung* thanked John for filling in for Richard in his absence. Two cases from the prior month also got resolved, one problem with notations in a medical record at UOP and a housing subsidy issue.

IV. The Questionnaire for the Caucus’ Report on Consumer Input

Cecelia mentioned that the Caucus needed help in distributing the questionnaire seeking data for the PWA Caucus report to the Planning Council as part of the prioritization process. There was a question of who the consultant would be for the actual preparation of the data. Some members felt it was too difficult to identify an outside consultant and that the Caucus would end up doing it anyway. Others wanted to proceed with data collection and the search for a Consultant. *Eric Ciasullo* volunteered to assist in the location of a Consultant through the efforts of the AIDS Office and PRC. He stated that it would be advantageous to develop a job description and proceed to hire somebody to crunch the numbers delivered by the questionnaire since the money is apparently available. It was decided to have all of the questionnaires back to the Caucus or staff by Friday, June 22. *Cecelia* was going to continue to work with PRC on the focus groups. Eric was going to have a discussion with PRC about hiring someone to organize the data into a report.

V. Adjournment

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PWA CAUCUS – MAY 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Pending
2-	Dental	UOP	Quality of Care	Resolved
3-	Housing	Catholic Charities	Access to services	Resolved
4-	Mental Health	AHP	Access to Services	Pending
5-	Legal	SFAF	Access to Services	Pending
6-	Housing	Black Coalition on AIDS	Discrimination	Pending
7-	Case Management	TARC	Quality of Service	Pending
8-	Case Management	TARC	Quality of Service	Pending

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance in the form of a memo addressed to the Advocacy Project, which was forwarded to UOP. UOP referred the memo to their attorney, and responded to the client's memo with a dismissal from the UOP program and a referral to Community Dental. UOP's attorney asserts that the memo was not a grievance, and insists that UOP has no further obligations to the client. The client, an attorney, wishes to prepare his own response to the attorney, and is in the process of doing so.
- 2- Client claims that he has been mistreated by staff and professionals at UOP over the past few years, and that inappropriate notations have been made in his dental charts regarding his behavior. Client believes these notations have damaged his reputation at UOP, and that he would be subjected to further mistreatment if he were to continue as a patient at UOP. Client filed a grievance against UOP regarding several alleged incidents of mistreatment and improper notations, and UOP has responded. Client was dissatisfied with UOP's response, and the Advocacy Project arranged a meeting among the client, UOP administration, and the Advocacy Project. The UOP administrator agreed that certain notations in the client's dental records were inappropriate, and added notes to the chart stating that the prior notes were inappropriate. The client wants the inappropriate notes removed from the record, but has elected not to pursue the matter further.
- 3- Client claims that Catholic Charities denied him a housing subsidy because they could not reach him by telephone. Client has voice mail, but no telephone service. Catholic Charities staff left client a series of messages informing him he had qualified for a housing subsidy and asking client to call to set up an intake appointment. Client returned the telephone calls, but could not reach the person who left the messages, and left a series of messages for Catholic Charities staff informing them when he

would be available to come in. When client finally reached the staff person by telephone, she informed him that the subsidy had been awarded to someone else. The client filed a written grievance on his own, then contacted the Advocacy Project for assistance. The Advocacy Project contacted Catholic Charities and arranged for the client to reapply for the subsidy under revised procedures. Client received the subsidy, which enabled him to pay his past-due rent, and is satisfied with the result.

- 4- Client claims that AHP created barriers to its services that amounted to a denial of reasonable accommodation. The client had requested a telephone intake due to severe fatigue and limited vision, and AHP insisted that he come to its office for three separate appointments before he was referred to a therapist, and then required him to wait four to five months for an appointment. Client feels that the therapist he was assigned to provided inappropriate counseling. According to the client, the therapist also refused to accommodate his request for a two week break in his therapy sessions, claiming it was AHP's policy not to allow such a break. The Advocacy Project is assisting the client in preparing a grievance addressing the issues raised by the client's experience with AHP.
- 5*- Client claims that SFAF created barriers to its services that amounted to a denial of reasonable accommodation. According to the client, who has severe fatigue and limited vision, the SFAF required him on two separate occasions to come to its offices for services that could have been provided over the telephone or at his home. When he arrived for these appointments, client claims he was required to wait 45 minutes for the first appointment and 1½ hours for the second appointment. The client also believes he was misinformed about the services to be provided at the second appointment, which he believed was for the purpose of meeting with an ALRP attorney to prepare a will and powers of attorney. The appointment was in fact with an ALRP staff attorney to do an intake for referral to a volunteer attorney within two to three months. The Advocacy Project is assisting the client in preparing a grievance concerning the SFAF's procedures. The Advocacy Project also contacted the ALRP to arrange for an expedited referral due to the client's medical condition.
- 6- Client believes that the Black Coalition on AIDS/Rafiki Housing Program/Brandy Moore House has denied him housing based on a staffperson's knowledge of his prior use of medicinal marijuana in another program. Client filed a grievance with the assistance of the Advocacy Project, and is simultaneously utilizing the grievance procedures of the Human Rights Commission. BCA responded, stating that the client had not done a housing intake. Client claims he did a housing intake, and is not satisfied with BCA's response. BCA has agreed to meet with the client and the Advocacy Project to discuss the grievance.
- 7&8- Clients, who are domestic partners, have a number of complaints about their case manager at TARC, primarily relating to his failure to get them into permanent housing, but also involving poor communications and failure to give clients food vouchers and housing vouchers. Clients believe they may have been discriminated against. The Advocacy Project arranged a meeting among the clients, the case manager's supervisor and the Advocacy Project in which the clients presented their complaints, and the TARC supervisor responded informally to some of their complaints and arranged to have the clients transferred to another case manager. The TARC supervisor wrote up a summary of their grievance and is in the process of preparing a formal response to their grievance.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Housing	Baker Places	Security Deposit	Resolved
2-	Housing	HWL	Consistent Policy Application	Resolved
3-	Housing	HWL	Quality of Service	Resolved
4-	Housing	Restoration House/Ark of Refuge	Failure to Refund Rent	Resolved
1-	Client's security deposit was not refunded to him when he left Baker Places. Baker Places claimed that a check was issued, but was lost in the mail. Client requested the Advocacy Project's assistance in obtaining his refund. The Advocacy Project called Baker Places and arranged for the check to be reissued and messengered to the client.			
2-	Client's position on Housing Wait List for subsidized housing was adjusted downward after the HWL learned that client had been permanently placed in Peter Claver. Client's placement in Peter Claver had previously been considered temporary due to ongoing litigation regarding the client's right to have his service animal live with him at Peter Claver. Client's right to have the service animal live with him at Peter Claver is now unrestricted, according to Peter Claver staff. The Advocacy Project confirmed with HWL staff that it is HWL policy to list individuals who have obtained permanent housing below those who have not yet obtained permanent housing, and explained this policy to client.			
3	Client was contacted by the Housing Wait List in 1997 and told that he had one week to go to the Housing Authority to get his independent housing subsidy certificate. Client was ill with hepatitis at the time and did not respond. Client claims he later received a letter telling him he had been dropped from the HWL. Client contacted the Advocacy Project for assistance in filing a grievance. The Advocacy Project contacted HWL staff, and confirmed that the client was on inactive status, due to the fact that the HWL did not have any current contact information. The Advocacy Project arranged for the client to meet with HWL staff to provide updated information, and the client is now near the top of Housing Wait List for an independent housing subsidy.			
4-	Client requested the Advocacy Project's assistance in obtaining a refund of rent paid from Restoration House/Ark of Refuge. Client had arranged for the AIDS Emergency Fund (AEF) to pay one month's rent at Restoration House, but only stayed there for nine days. Restoration House did not refund the money for the pro-rata rent to the client's account at the AEF as promised. Advocacy Project contacted Restoration House, which finally sent pro-rata rent back to AEF and client has been informed that these funds are available if needed.			
Referral Calls:	ALRP Services		2	
	Positive Resource Center Services		1	
	AIDS Emergency Fund Services		1	
	SFAF Services		1	
	UCSF Dental School Services		1	
	Catholic Charities Services		1	
	Total		7	

* Duplicated Client

Consumer Focus Group
June 26, 2001
25 Van Ness Room 330A

Summary

This community focus group was comprised of clients considered “most in need”. Approximately 45 people attended the 1 ½ hour session. The following is a summary of clients’ opinions regarding each service category. At the end of the focus group, each participant was asked to list the top three most important services for her/him. The order of the following service categories corresponds with the overall ranking done by the participants; i.e. Housing was #1, Primary Care #2, etc.

Housing

- System disorganized
- Concern over order of waiting list.
- Denied Services.
- Limited housing opportunities was noted as the greatest concern.
- Lack of stable housing prevents people from getting care, taking medication, etc.
- Limited scope of emergency funds and difficulty obtaining assistance.
- Perceived racial discrimination.

Primary Care

- Poor treatment of patients by staff.
- Unclear how to correctly gain access to care, such as who serves Medi-Cal, Medicare or Private Insurance.
- Penalties for tardiness to appointments.
- Rescheduling penalty for lateness to appointments.
- Difficulty finding primary doctors.
- Discrimination due to past behaviors.
- Lack of knowledge of how to change primary care providers.
- Perceived Racial Discrimination.

Food

- The general consensus was that the food programs in San Francisco are excellent.
- Restrictions in the amount of food stamps make the food banks necessary for survival.
- Quality of food could be better.
- Problems accessing services.
- Success of the programs is based on volunteers.

Substance Use

- Extremely important for sobriety.
- Sobriety assists in regularly taking antiretroviral.
- To ensure adherence to programs, patients should be required to pay for treatment.
- Should remain free to ensure attendance.
- Excellent care therefore, cuts should not happen.
- Very important to people with HIV/AIDS.
- Many transgender people rely on the counseling.
- Need more “street wise” outreach workers.

Legal Assistance

- Problems with accessing services due to lack of availability.
- Need for more direct advocacy when working with lawyers.
- Perceived Racial Discrimination.
- Better Training.
- Elimination of Case Managers.
- Not trustworthy.
- Necessary evil.
- Lack of personal connection.
- Need to improve cultural sensitivity.

Dental Care

- The truly poor do not have access.
- Services should begin on same day as enrollment.
- Delay in services due to wait for certification letters.
- Money for dental care is given to the wrong agency.
- Teeth pulled without replacements given.

Money Management

- More programs.
- Food and shelter initiatives should come before money management.
- Some agencies will not release money upon client's request.
- Very helpful for budgeting.
- The bridge between well being and poverty.
- All programs geared towards people with HIV are important.

Transportation

- Some modes inaccessible to the handicapped.
- Vans do not always pick clients up on time for appointments.
- Fast passes should be distributed to clients at the beginning of each month.
- Outer skirts of San Francisco not serviced regularly.
- Taxi vouchers should be easier to access.

Case Management

- Should not receive funding because any information may be obtained from the Primary Care provider and Substance Abuse Counselors.
- Perceived racial discrimination
- Need better training
- Too much duplication of services resulting in a waste of money.
- Eliminate case managers.
- Not trustworthy
- Necessary evil.
- Lack of personal connection.
- Need better cultural sensitivity.

Common Themes

- ❖ All services are very important.
- ❖ Clients find accessing services difficult due to lack of knowledge of where to go, feelings of being disenfranchised from the service system, limited resources and length of time getting appointments.
- ❖ Clients do not know how to maneuver through the complex system of care and this is another barrier to accessing services.
- ❖ Clients often feel that service providers lack the necessary level of sensitivity to culture, substance use, etc. This makes clients feel uncomfortable and hinders them in accessing services.
- ❖ Clients voiced concerns over the lack of continuity between providers. Enhanced communication between different providers.

June 27 Report - PWA Caucus Meeting

Meeting Date: June 27, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:30 PM

Members Present: Gary Harrell (Co-Chair), Brad Hume, and Jose Villaree

Others Present: Eric Ciasullo, DPH-HHS, Jay Beane, Consumer, and Christopher Murphy, minutes.

Next Meeting: Wednesday, July 11th, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

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I. Announcements

II. Housing Committee Report

Brad Hume presented information about the blocked rooms for emergency use.

III. The Questionnaire and Focus Groups for the Caucus' Report on Consumer Input

The focus group on 06/26/01 was a success. Jose Villaree will facilitate the Spanish speaking focus group on 06/28/01. The data from the surveys was collected. The Designation of duties for summary of the data was discussed. There were differing opinions about how the project should be approached. An agreement was reached that the work would be finished in the coming weeks. The goal is to have the information complete for the July 11th Caucus meeting. Brad Hume will be the contact person for questions pertaining to the project. Stacks of completed surveys were distributed for feedback and written review.

IV. Adjournment

PWA CAUCUS MEETING

OCT 18 2001

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Meeting Date: October 3, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:30 PM

Members Present: Gary Harrell (Co-Chair) and Brad Hume

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Felicia Elizondo and Charles Siron (Nominees to Council); Ed Bedard, John Claude Koury and Eric Whitney, Consumers; and Jeffrey Harding (Minutes)

Next Meeting: Wednesday, November 7, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

I. IntroductionsII. Agenda

Consumer Rights Advocacy Project Report; Housing Wait List; Leadership Training and Election; Unfunds or Rollover.

III. Consumer Rights Advocacy Project Report

Richard Bargetto reviewed new cases for the month of September 2001. There were three grievances against AHP. Clients did not want to share Reggie information with the Foundation and/or Shanti when intake is performed at AHP. AHP will be re-evaluating this issue and will put sensitive information into notes not available to other agencies and a procedural change will be implemented where intake worker, not therapist, will be performing intake. Larger Reggie issues were discussed. There were two grievances against the HWL. Administration of the HWL has been turned over to DPH, and clients were given information about the change and the chance to provide new data. It is up to the Client to keep the HWL updated on personal information. The next client was discontinued service from Project Open Hand. Client will receive services through a surrogate shopper. The next clients were denied services from SFAF because there was conflicting information about their HIV status. Further investigation is needed. Next client claimed the staff of SFAF treated him poorly. The next client had an issue with an employee distributing medication at Derek Silva residence, and is awaiting response. Next two clients have grievances with ALRP and matters are pending. *See Attachment A.*

IV. Housing Wait List

DPH has been re-evaluating the Housing Wait List. Position on the HWL does change depending on the type of housing requested and/or the placement of others from the list. It is the client's responsibility to keep HWL informed of changes in personal information. *John Claude Koury* is investigating volunteering. *Brad Hume* is trying to get someone to provide additional written information. *Eric Whitney* expressed concern that clients do not know how or where to update information. In addition, why or why not is Reggie being used as a source of client information?

V. Unfunds Proposal / Leadership Training

BH presented a springboard proposal to use the allocation of rollover funding approved recently by the Council to provide immediate resources to PWA Caucus for leadership development. The question was raised as to whether Co-chairs of the Caucus must be Council Members. *Brad Hume* proposed that the Co-chair vote be postponed until the next month. *Richard Bargetto* proposed the money (\$5,000) be spent on a Leadership Person to run meetings. *Eric Whitney* agreed to create a proposal to outline the Leadership Person's role and create a scope of work through e-mail correspondence with other committee members.

VI. Membership Caucus Collaboration

VII. Public Comment

No Public Comment was presented.

VIII. Adjournment

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS – SEPTEMBER 2001 REPORT

DOCUMENTS DEPT.

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	Type of Service	Agency	Issue	Outcome
1-	Dental	UOP	Quality of Care	Resolved
2-	Case Mngt	Positive Resource Center	Alleged Professional Negligence	Pending
3-	Housing	Dept. Public Health/HWL	Confusion with HWL	Pending
4-	Housing	Peter Claver	Building Cleanliness	Pending
5-	Mental Health	Center for Special Problems	Scheduling	Withdrawn
6-	Housing	Derek Silva	Quality of Services	Resolved
7-	Legal	ALRP	Quality of Services	Pending
8-	Primary Med	St Mary's	Quality of Services	Pending

- 1- Client claims that he not only received unsatisfactory services from UOP dental clinic, but also that after one year his dental needs have not been fully addressed. The client filed a grievance in the form of a memo addressed to the Advocacy Project, which was forwarded to UOP. UOP referred this memo to their attorney, and responded to the client's memo with a dismissal from the UOP program and a referral to Community Dental. UOP's attorney asserts that the memo was not a grievance, and insists that UOP has no further obligations to the client. The client, an attorney, wishes to prepare his own response to UOP's attorney, and the Advocacy Project is advising on the process. Advocacy Project met with DPH who will be conducting an investigation into these allegations as well as other allegations of false billings by UOP to DPH. Client is satisfied with the direction of his case and all parties are scheduled to meet to address any final claims.
- 2- Client claims that he received incorrect advice from a benefits counselor. As a result of this alleged incorrect information, client claims that he did not have insurance coverage during a month when he incurred services. Now the client has a medical insurance bill for \$1,200. Client filed a grievance with PRC claiming professional negligence. After an investigation, PRC responded that the benefits counselor does not recall the events as the client had stated. PRC agreed to include the critical information in the next in-service training and offered to assist the client to pay off his medical bills with a payment plan. Client is dissatisfied with the response and has appealed to members of the Board of Directors.
- 3- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, he claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a

condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL for documents and will review the hard copy of these documents.

- 4- Client claims that another resident is urinating outside of his door. He has complained on numerous occasions over the past few months and feels that the staff is not responding properly. While the staff did agree that the problem did exist at one time, the staff believes that the problem is resolved. When the incident happens again, client has been instructed to fill out a work order to clean the area. Advocacy Project reviewed the premises along with other outside authorities and could not identify any unusual odors. Client believes the problem has been improved and is satisfied with the outcome.
- 5- Client wanted to do an in-take at Center for Special Problems (CSP) outside of the normal in-take times. CSP said no and client called the Advocacy Project. CSP contends that no client is unique and must conform to their intake schedule; however, they are also reevaluating whether they can perform the in-take at another time. Grievance has been withdrawn through client inaction.
- 6- Client claims that his partner committed suicide because no one checked on him after numerous requests for intervention. With the assistance of the Advocacy Project, Client filed a grievance. The client was initially dissatisfied with the response that he received from Derek Silva. However, once it was determined that Derek Silva does have a policy in place for checking on residents and this resident was in fact checked on, the client does not wish to pursue the grievance further. Client is satisfied with the outcome.
- 7- Client had recent bad experiences with the ALRP in regards to ineffective advocacy, unprofessional conduct. With the assistance of the Advocacy Project, Client filed a grievance with six specific allegations about the poor services he received. The ALRP responded and the client is not satisfied with a majority of the response. With the assistance of the Advocacy Project, client will appeal to the Board of Directors.
- 8- Client claims the services at St. Mary's have greatly deteriorated over the past five years. Specifically, client had to wait for services, high turnover of staff, etc. Also, after client was referred to the Pain Clinic, he allegedly threatened the provider and was discharged from the program. Additionally, because of his dismissal from the pain clinic, he was also dismissed from the Health Center at St. Mary's. Advocacy Project has contacted St. Mary's to determine the circumstances around the dismissal and assisted client in locating new health care.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Mental Health	AHP	Reggie	Pending
2-	Mental Health	AHP	Reggie	Resolved
3-	Mental Health	AHP	Reggie	Resolved
4-	Housing	HWL	Management of List	Resolved
5-	Housing	HWL	Management of List	Pending
6-	Food	Open Hand	Re-instituting services	Pending
7-	Case Management	SFAF	Quality of services	Pending
8-	Case Management	SFAF	Quality of services	Pending
9-	Case Management	SFAF	Quality of services	Pending

10-	Case Management	Derek Silva	Unauthorized Services	Pending
11-	Legal	ALRP	No services	Resolved
12-	Legal	ALRP	No services	Pending

- 1- Client sought services from AHP. During his intake client was informed that the information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake processs concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project who has assisted the client in filing a grievance on how clients can access mental health services from AHP with have the information shared with the other two agencies in the HIV Services Partnership.
- 2- Client wished to receive mental health services from AHP. At the end of his in-take, client was asked to sign a consent to share reggie form. Client did not want his information shared with other agencies. His intake worker, a new intern, then sought information from a staff support person about how to handle the situation. The staff person told the client that he must sign the form and did not inform the client about the non-share option. After the interaction dissolved, the client departed and contacted the Advocacy Project who contacted the Client Services Coordinator. The Coordinator is meeting with the client and will fully explain all the options to him. The client will still seek services from AHP; however, he is not satisfied with the outcome that he still must share his information with two other agencies in the HIV Services Partnership (SFAF & Shanti) in order to receive services.
- 3- Client sought was seeking mental health services from AHP. During his intake, he signed both a consent to share reggie form and a HIV Services Partnership form. His in-take included information about personal life, including his living situation. Upon his annual review from the SFAF Subsidy program, it was revealed that the client was living in apartment with his partner. When confronted, the client admitted to his partner's domicile status. The foundation threatened litigation for fraud and termination from the subsidy program. Client contacted the Advocacy Project for assistance. Advocacy Project met with the Clinical Services Coordinator at AHP where it was agreed that much of the information that was shared in the HIV Services Partnership should have been more appropriately placed in therapy notes section and therefore not shared with SFAF. This sensitive information was moved. Advocacy Project contacted the SFAF and they will not pursue any fraud claims against client as the client is withdrawing from the subsidy program. Client is not satisfied with the outcome, but he feels he is able to move on from the incident.
- 4- Client has been on the HWL for numerous years and was told that his number was 51 in January 2001. According to the client, since that time he has only slide further down the list. Client's landlord has only been receiving 30% of client's income in hopes that the subsidy would be arriving very soon. After nines months of waiting, the landlord has served client with 3-day notice to evict. Advocacy Project contacted the HWL to verify client's status. The client is an active member on the list and his position has not moved because some information was not provided by the SFAF to HWL. Client is in the process of now providing the information. Advocacy Project also wrote a letter to landlord to delay any pending eviction proceedings especially in light of the fact that the client will move out at the end of the year. Client is satisfied with the outcome.
- 5- Client is concerned about how the HWL is being managed. Specifically, why a letter of diagnosis is necessary by the DPH when the reggie system could provide this information. The client's second concern is the list's request for income verification which can vary widely in one year for a client depending on their health status. The Advocacy Project has contacted the HWL and inquired into these questions on behalf of the client. The HWL's response was that the HIV information was not

always provided for even if the client was registered in the reggie system. Additionally, the income information was static and could overlook a person for a program if he/she was otherwise eligible. However, this income information could be changed at anytime by the client calling the HWL to updating their records. Client is not satisfied and is considering an appeal.

- 6- Client was forbidden to enter the premises on Project Open Hand for three years due to his hostile and abusive conduct and was denied services from the collaboration for one year. Now that year is complete and the suspension of services from the HIV Services Partnership has been removed, client would like to begin receiving groceries from Open Hand. Advocacy Project has contacted Project Open Hand and it is considering a surrogate shopper for the client so that it's safety needs are carefully balanced with the client's need for food. Advocacy Project is assisting client in documenting his good faith effort to minimize future incidents by enrolling in anger management classes.
- 7- Client claims that when he and his partner were in Los Angeles they called the SFAF for assistance. When they arrived at the SFAF the client claims he was not treated with compassion. When he did receive a hotel voucher to the New Pacific Hotel he encountered prostitution & johns, bloody syringes in the bathrooms and their door was kicked in by another guest. When he returned to the SFAF and complained about the health risks at this hotel, they were then given an voucher to the Elr Hotel which they believe was not an improvement and contained urination & defecation in elevator and unclean and damaged room. Client has stopped taking his medication to protest the conditions of these hotels. Advocacy Project referred to AEF to find another hotel. Client is satisfied with this temporary measure.
- 8- Client claims that he has been positive for seven years and has some documentation which tends to suggest that he is HIV positive and went to the SFAF seeking services. The SFAF denied services until results from a local testing center could be established or an out-of-state verification could be confirmed. The client's own records seem to indicate that the client is positive from collateral documentation (copies of prescriptions, tuberculosis forms, diagnosis form from APLA); however the results from a test at the Health Center #1 stated that he was HIV negative. Advocacy Project has contacted APLA and client's doctor in Florida to request further documentation as well as referred client to an additional local clinic for re-testing.
- 9- Client went to the SFAF seeking services for counseling on going back to work and disability. Client claims that he was treated poorly by staff for merely being "edgy and nervous" which he claims was not allowable conduct. With the help of the Advocacy Project, client wrote a grievance about his experiences and is awaiting a response. The Advocacy Project is monitoring the grievance.
- 10- Client claims that a case manager at Derek Silva distributed to his partner his psych meds. The client claims that case manager and the resident agreed these meds would be safer if placed in the case manager's office. The client claims that once a week, the resident would have to ask the case manager for his meds and they would eventually be given out by her. Advocacy Project has assisted the client in filing a grievance asking that a policy be put in place so that case managers are not distributing medications. Advocacy Project is monitoring the grievance.
- 11- Client claims that he is living in substandard housing. He contacted the ALRP to write a letter on his behalf to his landlord to fix some of the problems. The letter has not yet been written and the client contacted the Advocacy Project for assistance. Advocacy Project contacted the ALRP who believed the client would write the letter. After the discussion, ALRP agreed to write the letter on the client's behalf. Client is satisfied with the outcome.

12- Client contacted the ALRP for many issues regarding his housing. Client claims that because of their inaction, the landlord has notified HOPWA about some of the client's violations. Client claims that if ALRP had been involved, he would not be threatened with losing his HOPWA certificate. Advocacy Project has contacted ALRP for further information.

Referral Calls:	HIV Resource Guide Books	2
	HWL Service	1
	Depart. Of Rehab Grievance Proc.	1
	<u>Small Claims Court</u>	<u>3</u>
	Total	6

* Duplicated Client

(Report prepared by Richard Bargetto on 9/30/01)

PWA CAUCUS MEETING

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NOV 20 2001

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Meeting Date: November 7, 2001

Meeting Place: 25 Van Ness Ave., Room 330-B

Meeting Time: 5:30 to 7:30 PM

Members Present: Cecilia Chung (Co-Chair), Gary Harrell (Co-Chair), Dirk Doepfner, Brad Hume, Kevin Johnson, Edward Patterson, Wayne Peace, Ken Pearce, MJay Sanders

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Joseph Cecere (DPH), Felicia Elizondo and Charles Siron (Appointees to Council); Marc Trotz and Daisy Leyva (DPH-HUH); Ed Bedard, John Claude Koury, Eric Whitney and Hank Wilson. (Consumers); and Jeffrey Harding (Minutes)

Next Meeting: Wednesday, December 5, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

I. Introductions

Persons in attendance introduced themselves.

II. Agenda

Announcements, HWL Update, Consumer Rights Advocate, Co-Chair Elections, Meeting time/day, New Business. Agenda was approved

III. Housing Wait List Information Sheet / Update

Marc Trotz and *Daisy Leyva* presented an Information Sheet from the Department of Public Health, Housing and Urban Health. The information sheet gave background information of the HWL, ongoing activities list, and an explanation of Why the Client's Number on the HWL may Change. Packet included a list of programs, a Re-Certification form, Transfer form, and Authorization of Release of Information form. The HWL Open Enrollment for Youth and Families form was also provided. Everyone was asked to encourage anyone eligible to apply. All forms were provided in English and Spanish. Questions and comments followed. *Hank Wilson* asked the definition of 'youth'. Youth is 18-24 years of age, resident of San Francisco, and diagnosed with HIV/AIDS. *Eric Whitney* asked the definition of 'family'. Family is a couple, a person with an attendant, partners with no requirement of legal proof of marriage, or any partnership. Income verification is necessary for referral. *EW* made the point that someone currently on the list whose circumstances may have changed and is now eligible for 'family' services did not receive this notice. *Daisy Leyva* stated that the re-certification form was sent out with a question about number of persons in your family. This re-certification form is confusing to applicants and the HWL Staff said that they would make an effort to clarify and educate the HWL participants with additional outreach. *MT* reiterated that it is the client's responsibility to notify HWL staff of any changes in status. *MT* stated that the main task of the HWL is placement. See Attached Information Sheet.

IV. Consumer Rights Advocacy Project Report

Richard Bargetto reviewed the new cases for the months of September and October 2001. There were two grievances against the Housing Wait List (HWL). Clients did not understand their positions on the list. After contacting the HWL staff, clients seemed more satisfied with the explanation and will follow up if necessary at the PWA Caucus meeting with DPH-HUH representatives in attendance. One grievance against AHP is still unresolved and awaiting response from provider. Advocacy Project is monitoring one grievance against Derek Silva Case Management. There were 16 referral calls. See Attachment A

V. Co-Chair Elections

Two Co-Chairs were elected from the meeting with all present Council members voting. *Brad Hume* and *MJay Sanders* were elected new PWA Caucus co-chairs.

VI. New Business / Next Agenda

Kevin Johnson said he is meeting with African American organizations to discuss consumer attendance at the Caucus and the opportunity to recruit underrepresented individuals to apply for membership to the Council.

Eric Whitney gave a short report on the Coordinated Statement of Need prioritization process that has been completed recently from the Statewide Consumer Advisory Committee.

VII. Adjournment

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

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PWA CAUCUS – OCTOBER 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Case Mngt	Positive Resource Center	Alleged Professional Negligence	Resolved
2-	Housing	DPH/HWL	Confusion with HWL	Pending
3-	Legal	ALRP	Quality of Services	Resolved
4-	Primary Med	St Mary's	Quality of Services	Resolved
5-	Mental Health	AHP	Reggie	Pending
6-	Housing	HWL	Management of List	Pending
7-	Food	Open Hand	Re-instituting services	Pending
8-	Case Management	SFAF	Quality of services	Resolved
9-	Case Management	SFAF	Quality of services	Resolved
10-	Case Management	SFAF	Quality of services	Resolved
11-	Case Management	Derek Silva	Unauthorized Services	Resolved
12-	Legal	ALRP	No services	Resolved

- 1- Client claims that he received incorrect advice from a benefits counselor. As a result of this alleged incorrect information, client claims that he did not have insurance coverage during a month when he incurred services. Now the client has a medical insurance bill for \$1,200. Client filed a grievance with PRC claiming professional negligence. After an investigation, PRC responded that the benefits counselor does not recall the events as the client had stated. PRC agreed to include the critical information in the next in-service training and offered to assist the client to pay off his medical bills with a payment plan. Client is dissatisfied with the response and has appealed to members of the Board of Directors who have drafted a letter to the client's former employer. This employer just filed bankruptcy this month. Although the client appreciates the efforts of PRC's Board Members, client is dissatisfied with the resolution of the case because he medical bills were never paid.
- 2- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, he claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. Client and Advocate will also meet HWL Program Manager for a meeting to discuss the issues.

- 3- Client had recent bad experiences with the ALRP in regards to ineffective advocacy, unprofessional conduct. With the assistance of the Advocacy Project, Client filed a grievance with six specific allegations about the poor services he received. The ALRP responded and the client is not satisfied with a majority of the response. With the assistance of the Advocacy Project, client appealed the decision to the Board of Directors who responded that an investigation was conducted and the ALRP acted appropriately about the allegations of poor services. The client is dissatisfied with the final response.
- 4- Client claims the services at St. Mary's have greatly deteriorated over the past five years. Specifically, client had to wait for services, high turnover of staff, etc. Also, after client was referred to the Pain Clinic, he allegedly threatened the provider and was discharged from the program. Additionally, because of his dismissal from the pain clinic, he was also dismissed from the Health Center at St. Mary's. Advocacy Project has contacted St. Mary's to determine the circumstances around the dismissal and assisted client in locating new health care. Advocacy Project spoke with the Clinical Coordinator who said that no re-admission to the clinic would be possible for this client because the doctor believed the threats to be real. Client was referred to the Medical Board of California grievance office. Client is dissatisfied with the resolution.
- 5- Client sought services from AHP. During his intake client was informed that the information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project who has assisted the client in filing a grievance on how clients can access mental health services from AHP with have the information shared with the other two agencies in the HIV Services Partnership. AHP responded with a special mechanism for this particular client to access services without having his information shared. Client wants this service for all clients and Advocacy Project is assisting the client in requesting AHP to offer this service to all clients.
- 6- Client is concerned about how the HWL is being managed. Specifically, why a letter of diagnosis is necessary by the DPH when the reggie system could provide this information. The client's second concern is the list's request for income verification which can vary widely in one year for a client depending on their health status. The Advocacy Project has contacted the HWL and inquired into these questions on behalf of the client. The HWL's response was that the HIV information was not always provided for even if the client was registered in the reggie system. Additionally, the income information was static and could overlook a person for a program if he/she was otherwise eligible. However, this income information could be changed at anytime by the client calling the HWL to updating their records. Client is not satisfied and is considering an appeal.
- 7- Client was forbidden to enter the premises on Project Open Hand for three years due to his hostile and abusive conduct and was denied services from the collaboration for one year. Now that year is complete and the suspension of services from the HIV Services Partnership has been removed, client would like to begin receiving groceries from Open Hand. Advocacy Project has contacted Project Open Hand and requested a surrogate shopper for the client so that Project Open Hand's safety needs are carefully balanced with the client's need for food. Advocacy Project is assisting client in documenting his good faith effort to minimize future incidents by enrolling in anger management classes. Project Open Hand is preparing a letter for limited reinstatement of services.

- 8- Client claims that when he and his partner were in Los Angeles they called the SFAF for assistance. When they arrived at the SFAF the client claims he was not treated with compassion. When he did receive a hotel voucher to the New Pacific Hotel he encountered prostitution & johns, bloody syringes in the bathrooms and their door was kicked in by another guest. When he returned to the SFAF and complained about the health risks at this hotel, they were then given an voucher to the Elm Hotel which they believe was not an improvement and contained urination & defecation in elevator and unclean and damaged room. Client has stopped taking his medication to protest the conditions of these hotels. Advocacy Project referred to AEF to find another hotel. Client is satisfied with this temporary measure.
- 9- Client claims that he has been positive for seven years and has some documentation which tends to suggest that he is HIV positive and went to the SFAF seeking services. The SFAF denied services until results from a local testing center could be established or an out-of-state verification could be confirmed. The client's own records seem to indicate that the client is positive from collateral documentation (copies of prescriptions, tuberculosis forms, diagnosis form from APLA); however the results from a test at the Health Center #1 stated that he was HIV negative. Advocacy Project has contacted APLA and client's doctor in Florida to request further documentation as well as referred client to an additional local clinic for re-testing. The documentation provided by the Florida doctor is inconclusive. The grievance has been withdrawn through inaction.
- 10- Client went to the SFAF seeking services for counseling on going back to work and disability. Client claims that he was treated poorly by staff for merely being "edgy and nervous" which he claims was not allowable conduct. With the help of the Advocacy Project, client wrote a grievance about his experiences and the SFAF responded. The client is not satisfied but does not wish to pursue the grievance process.
- 11- Client claims that a case manager at Derek Silva distributed to his partner his psych meds. The client claims that case manager and the resident agreed these meds would be safer if placed in the case manager's office. The client claims that once a week, the resident would have to ask the case manager for his meds and they would eventually be given out by her. Advocacy Project has assisted the client in filing a grievance asking that a policy be put in place so that case managers are not distributing medications. Advocacy Project is monitoring the grievance. Client received a response to which the client disagrees; however, because he agrees that he does not have enough information to refute her denials, the client will not proceed. Client is dissatisfied with the outcome.
- 12- Client contacted the ALRP for many issues regarding his housing. Client claims that because of their inaction, the landlord has notified HOPWA about some of the client's violations. Client claims that if ALRP had been involved, he would not be threatened with losing his HOPWA certificate. Advocacy Project has contacted ALRP to investigate the facts and determined that the ALRP had in fact referred client to a referral attorney thereby providing services to client. Because client was not satisfied with the outside referral attorney, client was dissatisfied with the outcome.

NEW CASES

	Service	Agency	Issue	Outcom
1-	Housing	HWL	Alleged Misplacement	Pending
2-	Housing	HWL	Alleged Misplacement	Resolve
3-	Mental Health	AHP	Denial of Services	Pending
4-	Case Management	Derek Silva	Breach of Confidentiality	Pending

- 1- Client claims that only a few months ago his subsidy placement on the HWL was about 300. Now client claims that since the HWL has been transferred to the Dept. of Public Health his number has dropped to about 800. Although the client understands that some movement on the list is likely, he believes that a 500 drop in placement is outside the scope of a normal fluctuation. Client and Advocate will meet with staff from HWL at the next PWA Caucus meeting.
- 2- Client claims that he signed up for the HWL/Chips in December 1996 and cannot understand why he has not received his subsidy. Advocacy Project contacted the HWL to determine the client's "real" placement number which was 384 for the subsidy program. Client was also advised to investigate other housing options to avoid homelessness rather than simply wait for his subsidy which would probably not arrive for about one year. Advocacy Project also assisted client with seeking new case management. Client is satisfied with his current position on the list and with the resolution.
- 3- Client claims that he went to AHP to receive services. While waiting for his appointment, he stepped outside to have a cigarette. Client is an advocate for the use of medical marijuana and on that day was wearing a hat and t-shirt which demonstrated his perspective on the issue. When the time of his appointment arrived, the client was denied services because the staff at AHP believed the client had smoked marijuana outside before his appointment. Client also claims that when he asked to file a grievance he was told that no grievance procedure was available to him. The Advocacy Project assisted the client in filing a grievance and is awaiting a response from AHP.
- 4- Client claims that his case manager at Derek Silva disclosed his drug use to client's father without his consent. Client denies any drug use and has filed a grievance against the case manager for improper conduct. Advocacy Project is monitoring the grievance.

Referral Calls:	Italian AIDS Organization	1
	Derek Silva Grievance Procedures	2
	AHP Services	2
	ALRP Services	4
	Other Legal (Bar Assoc & Immig Project)	2
	HWL Services	1
	Case Management Services	1
	Peter Claver Grievance Procedures	1
	Open Hand Grievance Procedures	1
	Miscellaneous	1
	Total	16

* Duplicated Client

2.65

**HIV Health Services Planning Council
PWA CAUCUS MEETING**

Meeting Date: December 5, 2001
Meeting Place: 25 Van Ness Ave., Room 330-B
Meeting Time: 5:30 to 7:00 PM
Members Present: Brad Hume (Co-Chair), Cecilia Chung, Dirk Doepfner, Edward Patterson, Wayne Peace
Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Ed Bedard, Eric Whitney (Community Members); and Jeffrey Harding (Minutes)
Next Meeting: Wednesday, December 9, 2001, 25 Van Ness, Room 330-B, 5:30-7:30 PM

Introductions

Review / Approval of Agenda

The Agenda was reviewed and approved.

Announcements / Public Comment

Eric Whitney announced that there will be a Positive Force Holiday Party at John Frank on Saturday, December 8, 2001 from 1pm-4pm and all are welcome to attend.

Ground Rules

A set of ground rules was proposed by the Co-Chair in attendance to facilitate the meeting. After a lengthy discussion, many suggestions were made and adopted.

Meeting Time / Date

The Co-Chair announced that the meeting would be changed from the first Monday in the month to the second Monday of the month for January, and extended by ½ hour, from 5:30pm – 7:30pm. He proposed that the Caucus ask the Council to provide food at the meeting. More discussion will take place at the next meeting about time and date convenience.

By-Laws

A set of the current CARE Council By-Laws were passed out and discussed by the members.

Update on Rollover Funds

The rollover funds have been approved.

Consumer Rights Advocate Report

Richard Bargetto reviewed the new cases for the months of September and October 2001. There were two grievances against the Housing Wait List (HWL). Clients did not understand their positions on the list. After contacting the HWL staff, clients seemed more satisfied with the explanation and will follow up if necessary at the PWA Caucus meeting with DPH-HUH representatives in attendance. One grievance against AHP is still unresolved and awaiting response from provider. Advocacy Project is monitoring one grievance against Derek Silva Case Management. There were 16 referral calls. *See Attachment A.*

New Business / Next Agenda

There was no New Business and the Next Agenda was not discussed.

Adjournment

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1/9/02

HIV Health Services Planning Council PWA CAUCUS MEETING

Report

Meeting Date: January 9th, 2002

Meeting Place: 25 Van Ness Ave., Room 330B

Meeting Time: 5:30pm - 7:30pm

Members Present: Brad Hume (Co-Chair & Chair Housing); Cecilia Chung; Dirk Doepfner; Edward Patterson; Mjay Sanders (Co-Chair); Norm Tanner; Felicia Elizondo.

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Joseph A. Cecere (DPH); Jeff Morey (Consultant); Eric Whitney (Council Coordinator); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., February 13th, 2002, 25 Van Ness, Room 330B, 5:30pm - 7:30pm

Introductions

DOCUMENTS DEPT.

Review / Approval of Agenda

The Agenda was reviewed and approved.

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Announcements / Public Comment

Brad Hume announced that the Mission Neighborhood Resource Center is looking for members for their Advisory Committee; please see Brad Hume or Laura Guzman for application forms.

Eric Whitney reported that he attended the State Consumer Group California Plan for HIV on October 30th & 31st, 2001 and that the group will be meeting again on January 29th & 30th. See *Attachment A*. In addition, *Eric Whitney* announced that he has secured a leadership consultant Jeff Morey, and that Jeff would be attending the meeting. *Mjay Sanders* announced that the agenda will be sent out sooner via email, and gave the times and dates for the Steering Committee Meeting, Needs Assessment Task Force Meeting, and Membership Meeting.

Ground Rules

Mjay Sanders announced that the new Ground Rules were approved and passed to the full caucus; and were now in effect. See *Attachment B*.

Housing Prevention

Brad Hume reported on the change in the Emergency Housing Program procedures, SRO hotels, the collaborate effort between EHP & Broderick, client's status on the Housing Waitlist, application deadlines, and number of beds available. *Brad Hume* announced that there will be an open house at Broderick, Star, and Camelot. See *Attachment C*.

Update on Roll-over Funds

Joseph A. Cecere announced that the funds were approved and the contract modification was underway; also the funds for administrative support, the Needs Assessment project, and the leadership training was approved. *Eric Whitney* announced that he met with the Needs Assessment Contractor and that Jeff Morey was hired for the leadership training. *Eric Whitney* introduced Jeff Morey to the PWA Caucus Committee. *Jeff Morey* gave an introduction about his past experience and the committee asked questions of Jeff Morey and discussed issues concerning the leadership training, group dynamics, and billing.

Consumer Rights Advocate Report

Richard Bargetto reviewed the new cases for the months of December 2001. There were three grievances against Derek Silva; in addition against San Francisco AIDS Foundation (SFAF), Haight Asbury, and AIDS Emergency Fund (AEF). Two are still pending with Derek Silva, the third has been resolved, SFAF and Haight Asbury are still pending, and AEF has been resolved. See Attachment D & E.

Needs Assessment

Brad Hume reported that the last Needs Assessment was performed in 1999 and that it is conducted every two years. The committee discussed the last Needs Assessment in 1999, the current Needs Assessment, and the committee's participation. *Eric Whitney* asked that the committee to email him with their list of questions or wish list of what information they would like to come out of the Needs Assessment report.

New Business / Next Agenda

Brad Hume announced that \$200,000 of the rollover was approved; ½ was for housing facility and the other ½ for supporting CARE funded subsidies; food for the PWA Caucus Committee meetings has not yet been approved. The Next Agenda was not discussed.

Adjournment

CALIFORNIA PLAN FOR HIV CARE

CONSUMER ADVISORS MEETING ONTARIO, CALIFORNIA OCTOBER 30 - 31, 2001

SUMMARY OF PROCEEDINGS AND OUTCOMES

Attendees

HIV Consumer Advisors: Jose Bacho; El Bisarra; Gaby Bustos; Alexandra Cano; Ira Domingo; Fred Flotho; William Fuentes; Ava Gardner; Antoine Gaugh; Mark Hanrahan; Trenton Head; Jude Huval; Howard Jacobs; David Kilburn; Mary Lucey; Erik Olson; Jessica Roemer; Hector Salas; Ligina Stokes; Jim Taylor; Darnell Williams; Eric Whitney

Office of AIDS Staff: Kevin Farrell; Marilyn Miller; Dana Pierce-Hedge; Carol Russell; Cynthia Smiley; Peg Taylor; Jan Vick

Planning & Support Staff: Stacey J. Powell; Monika Hudson; John Mortimer; Terry Wilson; Abbie Burbank; Robert Whirry (second day)

Guest: Mauricio Perez; Peter Mackler, Assistant to the Director of the State of California Department of Health Services (second day)

Introduction

- The two-day meeting held at the Doubletree Hotel Ontario was the second of a projected six quarterly meetings leading to completion of the Plan before December 2002.
- The two-part goal of the meeting was: 1) To discuss and reach consensus regarding the key elements of a general HIV/AIDS care continuum for the State of California; and 2) To begin to explore specific barriers to making each element of the care continuum available to all HIV-affected populations in the State. The meeting successfully accomplished both of these central goals.

Day One: Prioritizing Elements of an HIV/AIDS Care Services Continuum

- The meeting began with introductory comments by Dana Pierce-Hedge, which included the introduction of two new youth members of the Consumer Advisors group. Monika Hudson reviewed the agenda, and group members introduced themselves in terms of their organizational and community affiliation and their history of involvement in the HIV/AIDS epidemic.
- Stacey Powell presented the planning structure of the California Plan for HIV Care, emphasizing the roles and responsibilities of each committee in sharing their knowledge and experiences to develop a Plan that will allow for incremental changes in the delivery of care services in California.

- John Mortimer lead a group discussion designed to build on the recently completed Statewide Coordinated Statement of Need (SCSN). The goal was to develop a prioritized **continuum of HIV/AIDS care services** for California, using service categories identified in the SCSN. (The exercise mirrored an exercise conducted in August at the Care Services Advisors meeting.) To begin the exercise, the group first discussed the definition of HIV/AIDS care in California, which was determined to be, at a minimum:
 - knowing your HIV status
 - knowing the status of your immune system,
 - and accessing primary medical care.

Other indicators of being in care included having knowledge of the resources available to you, accessing support services or a spectrum of services, accessing education and prevention services, and completing a medical evaluation and monitoring.

- The session included adding additional service categories and many sub-categories to the list. The group clarified aspects of the SCSN service categories list and discussed several options for arriving at consensus on a recommended continuum of care.
- Initially the group placed nearly all service categories in one group and was having difficulty prioritizing. By the end of the day, the group agreed on a process by which each member would select seven top priority service categories. They agreed this would be the most efficient process for them to arrive at consensus on a continuum. Meeting staff would summarize top seven categories in a consensus ranking of HIV/AIDS care services in California.

Day Two: Exploring Barriers to HIV/AIDS Care

- The half-day morning session began with introductory remarks by Peter Mackler, Assistant to the Director of the State Department of Health, who attended the meeting as a guest.
- The committee then heard the tabulated findings of their combined vote for the seven highest-priority HIV/AIDS services in California. These findings were used to list **four** ranked tiers of service, based directly on Consumer Advisors feedback. These tabulation results are listed on the following page.

CONSUMER ADVISORS MEETING – OCTOBER 30-31, 2001
CONTINUUM OF CARE SERVICES TABULATION RESULTS

Note: A total of 22 participants chose 7 services each as top priority services

Category 1 (10 or More Votes Each)

Access to All Medically-necessary Drug Therapies (13 Votes)
Primary Medical & Specialty Care (16)
Dental & Oral Health Care (10)
Mental Health Services & Psychiatric Care (11)
Case Management / Specialty Case Management (15)
Housing Assistance & Support (14)

Category 2 (4 to 9 Votes Each)

Health Insurance Programs
Food & Nutrition Services
Transportation Services
Direct Emergency Financial Assistance including Utility & Rent Payments
Substance Use & Addiction Treatment & Support Services
Benefits Counseling & Support Programs
Legal Services including Immigration
Medication Adherence Education & Support
Complementary Therapies & Treatments & Alternative Therapies
HIV Prevention Programs for HIV-Positive People

Category 3 (1 to 3 Votes Each)

Financial Counseling / Payee Services
Translation & Interpretation Services
Outreach, Info & Referral Services
Harm Reduction Services
Home Health Care Services
Self Help Services
Child Care
Clinical Trials Access
Client & Peer Advocacy

Category 4 (No Votes)

Peer-to-Peer Support Programs
Buddy Programs
Hospice Care
Day Services & Respite Care
Provider Training & Education
Recreation & Socialization Activities
Employment Development, Placement & Training
Hepatitis C Programs

- For the remainder of the morning, the Consumer Advisors discussed specific **barriers to care** for each service category, beginning with the categories of **Primary Medical & Specialty Care** and **Access to Drug Therapies**.
- Consumers identified a broad range of barriers, many of which were general to the overall service categories, and many of which were specific to sub-populations affected by the epidemic. The following report lists barriers identified by the Consumer Advisors during this exercise, group first generally, then by population categories. Please note that the service categories below were **not** pre-identified by staff, but emerged organically out of the group's conversation

Service Category # 1: Primary Medical & Specialty Care

General Issues

- In Sonoma County, a **Multi-Diagnosed Task Force** brings diverse providers (MD, pharmacist, nutritionist, etc.) together to discuss cases and plan integrated client services
- Problem of interactions of different kinds of drugs, including psychotropics, HIV medications, etc
 - San Francisco has a "Warm" phone-in line program (for physicians and medical providers, not consumers) to ask questions about drug interactions, accessible at www.Warmline.com
- There is a need for better guidelines regarding duplication of services in a given region, to avoid unnecessary services, or identify SAP – using clients' perspective to identify needs.
- Advocacy to enter needed services
- Inadequate referral when moving between communities
- What happens after you get tested?
- Lack of confidentiality can be a barrier
- Personal relationship with a provider that cares is a key element of access
- Providers that respect personal decisions about medications, lifestyles, etc.
- Lack of knowledge / awareness of services is a critical barrier – need service education / outreach
- Need ongoing provider training of primary doctors on emerging medical issues (e.g., effects of lipodystrophy on women)
- Intimate relationship between a pharmaceutical company and a specific Ryan White Clinic can be problematic – decreasing client medical choices
- Provider education needed
- San Francisco General Hospital – Success Story
 - Positive health practice
 - Far better care than in private care
 - No waiting
 - Due to continued prioritization
 - Hasn't seen barriers to availability in San Francisco area
- No treatment of non-HIV related and general health issues
 - Full physicals
- Need access to doctors with whom patient can work in shaping and modifying drug regimens, and sharing updated information

- Fresno area, no HIV clinic, just STD clinic
- Need to advocate for HIV+ to speak out
 - Results in more clinics, more programs – example, San Diego's successes
- Many appointments, many locations becomes overwhelming
 - Need 1 stop, 1 appointment time
- More use of incentives to encourage people
- Difficulty accessing and transitioning to specialty services (e.g., dermatology), and find HIV-knowledgeable / sensitive specialty providers
- Transportation (rural and urban)
 - On time buses, taxis
 - Funds to access transportation need to be expanded
- Effects on physical health from taking medications must be better explained to patients
- Finding a good doctor who communicates is critical
 - Responds to E-mails
 - Returns calls
 - Available for quick questions
- Limited contact with doctors if main provider is Family Nurse Practitioner (FNP) or Physician Assistant (PA)
- Full-time pharmacist availability is extremely helpful
- Traveling specialty care an effective model, particularly in rural areas
- Stigma crosses all populations
- Effect of medications on how you look, on how visible your HIV status might become to others

ACCESS ISSUES – Special Populations

Homeless Populations

- Homeless young people (hopeless; resort to survival sex; because they are young they believe they are invincible, with so many other problems, HIV is not a priority) can be brought into care by outreaching at retail locations.
 - Get and use product and coupon donations as incentives to enter care

Immigrant Populations

- For immigrants -- need peer advocate, MD, nurse, transportation
- Hard to prioritize when needing to work to survive
- Difficulty for immigrants to go to clinics that have a lot of gay people
- Undocumented and/or migrant worker – not Medi-Cal eligible
 - Often only receive emergency care
- How undocumented people approach medical care is an issue
 - Fear of HIV status being revealed to family and friends
 - Fear of deportation by having status revealed

Mental Health-Affected Populations

- People facing mental health issues must be empowered to find out what's out there
- Mental illness creates major barriers in accessing care at all levels

- Grief, isolation and loss are all contributing factors to a high level of HIV-positive mental health needs
- Clients in primary with mental health issues face barriers including: colliding, non-integrated drug regimens, lack of psychotropic monitoring, lack of referrals, need for high-tolerance facilities (vs. HUD no-tolerance policy)
- Providers lack identified resources to help them deal with an in-office mental health crisis or situation, other than by removing the client from the office
- A key specialty area in HIV is psychiatric care – working with HIV doctor to coordinate meds, etc.
- There is a difference between mental health therapy and psychiatric care, and medical professionals often do not realize this
- There is a critical lack of intermediate level mental health services; services for everyone except in the most extreme situations do not exist

Rural Communities

- Doctors aren't there, or are overloaded with cases, in rural communities
- Distance and lack of adequate physician hours in rural areas creates access issues (e.g., 14 HIV+ people in a 400 sq mile are)
 - Traveling rural providers / doctors a useful service (Region-wide approaches to Care)
- Good rural model: HIV doctors visit and consult at community & Indian clinics (e.g., chart review bi-weekly)
- Difficulty reaching new populations in rural areas (Hmong & others)
 - Language barriers
- Lack of expertise (rural)
- Need better training

Latino/Hispanic Community

- A challenge arise up, in some cases, for Latinos relates to lack of provider sensitivity
- Lack of Spanish-speaking outreach workers to travel to camps
- In undocumented communities, often more than one HIV+ in same household - cluster infections
- Latino men who nearly always have sex with women, and occasionally with men – key vector of transmission
- Men having sex with men (MSM) in migrant communities are a target population that is often overlooked
- Difficulty talking openly to providers – not knowing what to reveal to whom – peer advocate gives a chance to say whatever needs to be said (trust)
- Fear to tell others in their community, so it is difficult to ask questions.
- Everything is written in English, creates feeling that no one wants to help
- Don't know where they can go, where to get information
- Need systems to have peer outreach for undocumented individuals
- Migrant workers need access to care after hours, on weekends, and more information on service availability
- No group appears to be taking responsibility for care of HIV+ monolingual Spanish-speaking population in California

- HIV+ migrant workers can be fired from jobs because of difficulty working in face of health issues

Incarcerated/Recently Released Populations

- HIV+ parolees (male & female), once released to the community, face stigma as formerly incarcerated persons
- Given only 60 days of medications upon release from prison
- No resource information regarding where services are located
- Face classism and racism in social attitudes/treatments
- Need more formerly incarcerated person in client advocacy and service development, in leadership positions

Youth

- Depression following diagnosis is a barrier to care
- Socialization is a key to youth services for support and to promote drug adherence
- Young people being linked to opportunities to be involved in leadership and activist roles
- Trained Peer Advocates are needed to help young people deal with shock of HIV diagnosis, and make the transition to care and support (and to help come out as HIV+)
- Lack of information in schools regarding where HIV resources exist
- Important to have a place that's inviting/friendly for youth
- Youth have overwhelming priorities to work with
 - San Diego has good program
- Outreach requirements
 - Take under wing right away, case managed right away
 - Need to get services to youth
 - Outreach workers that are peers

Injection Drug Users

- Judgmental attitudes affect willingness to access care
- Lack of veins creates difficulties in lab procedures required blood draws
- Needle exchange programs with doctor's participation
- Immediate care for abscesses, etc. needed
- For IDU's accessing care in Los Angeles, needle exchange programs are effective as a viable point of entry
- Whether people are using or not, they need full access to care

Women's Issues

- Providers need training regarding women's health
 - Side effects of meds
 - Dermatology
 - OB/Gyn exams

Service Category # 2: Access to Drug Therapies

- One participant noted that he is tired of ADAP serving as an 'entitlement program for pharmaceutical companies'
- Need to re-evaluate more cost-effective ways to finance drugs (e.g., insurance companies vs lower cost medications) so we can use dollars for other approaches / services (e.g. a conversion insurance payment program.) Look at re-allocation of drug costs. (benefits counseling is a growing need related to these issues)
- State has been looking at cost shift options for private insurance / Medi-Cal
- We should also view ADAP as a success – the drugs are working in many cases – Keep ADAP
- Challenge in administration of CARE HIPP – e.g., pharmacies not getting prompt approval for drug cost coverage, dropping the balance on re-certification process
- Need case managers who know benefits (currently doing regional training)
- Medication caps on health policies
- Uninformed individuals with health insurance companies
- Not as successful for Opportunistic Infections (OI) treatments and pain management
- Need to be able to learn system

Conclusion and Follow-Up

- The next meeting of the Consumer Advisors will take place In January 2002. At that meeting, Office of AIDS staff and consultants will lead a series of follow-up activities designed to gather key input into essential Plan components and recommendations. A full agenda and background packet will be mailed to Consumer Advisors at least two weeks prior to the next meeting.

PWA Caucus Meeting Groundrules

- Facilitator/Chair enforces order
- Everyone has equal responsibility for the meeting ("Step up, Step Back").
If someone has already expressed your point, simply say that rather than reiterating.
- Each person has equal time and each idea has equal value
- Follow agenda; additional time for an item must be negotiated
- Stay on topic
- One person speaks at a time
- Mutual respect, no personal attacks
- Meetings are open to the community; agenda items can be added, time allowing
- Group strives for consensus

Program			Wardell Street Adult Residential Care Facility Medical Respite Beds		Star and Camelot Hotels	
Program Description	20 rooms rented by DPH within two SRO hotels, the Riviera Hotel and the Kean Hotel.		Two-story licensed Residential Care Facility with 24 long-term beds in 12 rooms and 10 short-term respite beds in 5 rooms		Two SRO hotels currently undergoing major renovation. Star is in the Mission and has support services and community space and 50 rooms for long-term housing. Camelot is in the Tenderloin and has support services and community space and 55 rooms altogether. 44 of those rooms are for long-term housing and 11 rooms are for SFOH respite.	
Provider (contractor)	Tenderloin AIDS Resource Center (TARC)		Collaboration: Page Street Guest House w/Richmond Area Multi Services, DPH - Housing and Urban Health Nurse Practitioner		Collaboration: Baker Places w/Tenderloin AIDS Resource Center (TARC), John Stewart Company (JSCO) and Lutheran Social Services (LSS)	
Number of Units available for rental by HIV providers	20 units		6 medical respite beds set-aside for PLWH		33 units (16 at the Star; 17 at the Camelot)	
Length of Stay	Each client will be allowed a maximum of four (4) weeks stay per year. Each stay may be from a minimum of 1 week to a maximum of 4 weeks		Each client will be individually assessed. Maximum stay is 60 days.		Long-term housing.	
Eligibility	• HIV positive • Resident of San Francisco • Income is 30% of median or less • Currently/chronically or at risk of homelessness		• HIV positive • Resident of San Francisco • Currently/chronically homeless or at risk • Medical complications requiring respite • Need to continue case management and medical services with referring agency		• HIV positive • Resident of San Francisco • Income is 30% of median or less • Currently/chronically homeless or at risk; incl. past utilizers of AIDS Emergency Housing • Participation in 3rd party rent payment	
Access Points	1. Mission Neighborhood Health Center 2. Glide Goodlett HIV Services 3. Tenderloin AIDS Resource Center 4. Black Coalition on AIDS 5. Positive Health Program - Ward 86 6. Catholic Charities 7. Forensic AIDS Project 8. Castro Mission Health Center 9. Tom Waddell Health Clinic 10. Asian Pacific Islander Wellness Center* 11. St. Mary's HIV Services* 12. Haight Ashbury Free Clinics* 13. Lyon Martin Women's Health Services* 14. Native American Health Center* 15. TLC Program at Continuum* 16. San Francisco AIDS Foundation • Integrated Services Agency		1. Mission Neighborhood Health Center 2. Forensic AIDS Project 3. Positive Health Program - Ward 86 4. Castro Mission Health Center 5. Tom Waddell Health Clinic 6. St. Mary's HIV Services* 7. Haight Ashbury Free Clinics* 8. Lyon Martin Women's Health Services* 9. Native American Health Center* 10. TLC Program at Continuum* 11. Asian Pacific Islander Wellness Center* 12. Glide Goodlett HIV Services		1. Mission Neighborhood Health Center 2. Glide Goodlett HIV Services 3. Tenderloin AIDS Resource Center 4. Black Coalition on AIDS 5. Positive Health Program - Ward 86 6. Catholic Charities 7. Forensic AIDS Project 8. Castro Mission Health Center 9. Tom Waddell Health Clinic 10. Asian Pacific Islander Wellness Center* 11. St. Mary's HIV Services* 12. Haight Ashbury Free Clinics* 13. Lyon Martin Women's Health Services* 14. Native American Health Center* 15. TLC Program at Continuum* 16. San Francisco AIDS Foundation 17. Baker Places, Inc.	

PH Access in a Glance (Updated 11/7/01)

HIV CONSUMER RIGHTS ADVOCACY PROJECT

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PWA CAUCUS – NOVEMBER 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	DPH/HWL	Confusion with HWL	Pending
2-	Mental Health	AHP	Reggie	Pending
3-	Housing	HWL	Management of List	Resolved
4-	Food	Open Hand	Re-instituting services	Resolved
5-	Housing	HWL	Alleged Misplacement	Resolved
6-	Mental Health	AHP	Denial of Services	Withdrawn
7-	Case Management	Derek Silva	Breach of Confidentiality	Resolved

- 1- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, client claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. No documents were located. Client also claims that residents of Derek Silva who allegedly have a brief enrollment date after his were offered a subsidy. Advocacy Project is investigating these claims.
- 2- Client sought services from AHP. During his intake client was informed that the information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project and filed a grievance on how to access mental health services from AHP without having the information shared with the other two agencies in the HIV Services Partnership. AHP responded with a special mechanism for this particular client to access services without having his information shared with the other two agencies. Client wants this option presented to all clients. Client is considering an appeal.
- 3- Client is concerned about how the HWL is being managed. Specifically, why a letter of diagnosis is necessary by the DPH when the Reggie system could provide this information. The client's second concern is the HWL's request for income verification that can vary widely in one year for a client depending on their health status. The Advocacy Project has contacted the HWL and inquired into these questions on behalf of the client. The HWL's response was that HIV information was not always provided by Reggie even if the client was registered with Reggie. With the new HWL, the

income information is static and could potentially overlook a person for a program if he/she was otherwise eligible. However, income information can be changed at anytime by the client calling the HWL to update their records. Client & Advocate also met with HWL staff at the November PWA Caucus meeting which was designed to inform PWAs about the new HWL. Client is not satisfied with final response; however, he will not appeal but hopes that more outreach will be done about the new HWL.

- 4- Client was forbidden to enter the premises of Project Open Hand for three years due to his hostile and abusive conduct and was denied services from the HIV Services Partnership for one year. Now that one-year suspension from the HIV Services Partnership has been satisfied, the client would like to begin receiving groceries from Open Hand. Advocacy Project has contacted Project Open Hand and requested a surrogate shopper for the client so that Project Open Hand's safety needs are carefully balanced with the client's need for food. Advocacy Project assisted the client in documenting his good faith effort to minimize future incidents by enrolling in anger management classes. Through mediation, Project Open Hand has agreed to a limited reinstatement of services that includes grocery pick-up by a surrogate shopper and the possibility of client re-evaluation in two years. Client is satisfied with the outcome.
- 5- Client claims that only a few months ago his subsidy placement on the HWL was about 300. Now, client claims that since the HWL has been transferred to the Dept. of Public Health his number has dropped to about 800. Although the client understands that some movement on the list is likely, he believes that a 500-drop in placement is outside the scope of a normal fluctuation. Client and Advocate will meet with staff from HWL at the next PWA Caucus meeting. Grievance was originally withdrawn due to inaction, but client later presented with documentation from Shanti that his numbers on the list might in fact be substantially lower. Further research by the Advocacy Project indicates that the client's original lower numbers were based on his placement in individual programs and that his 800 placement is based on his overall placement. Client is now more clear about his placement and satisfied with the outcome.
- 6- Client claims that he went to AHP to receive services. While waiting for his appointment, he stepped outside to have a cigarette. Client is an advocate for the use of medical marijuana and on that day was wearing a hat and t-shirt which demonstrated his perspective on the issue. When the time of his appointment arrived, the client was denied services because the staff at AHP believed the client had smoke marijuana outside before his appointment. Client also claims that when he asked to file a grievance he was told that no grievance procedure was available to him. The Advocacy Project assisted the client in filing a grievance and is awaiting a response from AHP. Grievance withdrawn due to client inaction.
- 7- Client claims that his case manager at Derek Silva disclosed his drug use to client's father without his consent. Client denies any drug use and has filed a grievance against the case manager for improper disclosure of confidential information. Client filed a grievance and Derek Silva responded in writing by stating that the case manager claimed she had a release of information to speak to the client's father and that the father approached the case manager and "expressed his concern." Client disagreed with these facts and the Advocacy Project then requested the release of information from Derek Silva. The first release, signed on 2/8/01, is blank and therefore authorizes no one to exchange confidential information with Derek Silva Staff. The second release, also dated 2/8/01, authorizes the case manager to share information with other Derek Silva staff, not the client's father. Client is not satisfied with Derek Silva's response and appealed his grievance to the Director of HIV Services at Catholic Charities. Catholic Charities has conceded that the case manager acted outside the scope of her authority has reprimanded the case manager. Disciplinary action is being taken as well as

training for all Catholic Charities staff members on issues of confidentiality and boundary limits in January 2001. Client is satisfied with the outcome.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Case Management	Derek Silva	Alleged Breach of Confidentiality	Resolved
2-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
3-	Housing	SFAF	No extension of subsidy	Pending
4-	Housing	Walden House	Termination of Services	Pending
5-	Primary Medical	Haight Ashbury	Substandard Services	Pending
6-	Housing	BCA	Termination of Services	Pending

- 1- Client has two grievances against the staff at Derek Silva. The first grievance is based on her belief that she could not bring an advocate to meeting to a Clinical Case Conference. Derek Silva responded in writing by stating that their policy always allowed for such accompaniment. The second grievance was based on alleged breach on confidentiality. Client claims that she signed a release on information which allowed Derek Silva staff to speak to her psychiatrist only if her case manager was present. The Clinical Coordinator called the psychiatrist outside the presence of the case manager. The Advocacy Project requested the Release of Information and there was enough ambiguity in the release that it was uncertain who could talk to whom. There was no mention that the case manager needed to be present for any communications with outside mental health workers. Client will re-sign another release of information. Client is satisfied with the outcome.
- 2- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights. Client claims that after her request, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to provide staff with a Patient Bill of Rights so that other residents will better understand their rights during similar meetings. Client is considering an appeal as on the issue whether such rights should be provided at such meetings.
- 3- Client's partner died suddenly while vacationing in Asia. Client and his partner both received a subsidy through the SFAF. Now, client will not be able to live in his apartment with only his subsidy. The SFAF has paid the deceased partner's subsidy for approximately 2 months in order to give the surviving partner time to locate another apartment. The client has filed a grievance asking for more time because he suffers from a documented anxiety condition, physical manifestation of his AIDS condition as well as the difficulty in finding an apartment during the holidays. Client's doctor has stated that a forced move could be "life threatening." SFAF, client and Advocacy Project will meet next week to discuss a resolution, if any.
- 4- Client claims that she received substandard services from Walden House. Client filed a grievance outlining four areas of concern. First, client claims she was harassed by other residents for being a transgender woman and staff did not properly respond to her pleas for help. Second, client claims that she was kicked out of the program for a minor infraction. Third, client claims that when she was

asked to leave the program, she was not given any referrals for transition services. Finally, client claims that Walden House still has some of her possessions. Advocacy Project assisted client with a grievance and is awaiting a response from Walden House.

- 5- Client claims he received substandard medical services from Haight-Ashbury Free Clinic. After weeks of stomach pain and gastrointestinal problem, client went to Haight Ashbury for medical attention. Client believes that his symptoms were overlooked and misdiagnosed. Finally, when his concerns and pain were not taken seriously, client demanded blood work. When the results of his bloodwork were completed, the doctor told him he had AIDS without even performing an HIV test. Client claims that the physician based his knowledge solely on his 100 T-cell count. The client claims that the manner in which he was told was completely inappropriate. Client and Advocacy Project filed a grievance about his poor treatment and are awaiting a response.
- 6- Client claims that he was improperly terminated from his housing operated by Black Coalition on AIDS. In November, client claims that he was asked to leave in a very abrupt manner because he allegedly kicked in a door. Client claims that he did not do it. Because of his abrupt departure, client left some of his belongings at the unit and they have not been returned to him. Client also claims that because he did not stay a full month, he is entitled to a portion refund of the rent he paid. Finally, client claims that a member of the staff was selling drugs near the building. Client filed a grievance and is awaiting a response.

Referral Calls:	New Leaf Services	1
	Derek Silva Grievance Procedures	2
	Community Boards	1
	Kaiser Grievance Procedures	2
	HIV Resource Guide	3
	PWA Caucus	1
	SF Police Department	1
	ALRP Services	1
	Seven on Your Side	1
	Peter Claver Grievance Procedures	1
	HWL Services	1
	CUAV	1
	<u>Apollo Hotel Grievance Procedures</u>	<u>1</u>
	Total	17

* Duplicated Client

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS – DECEMBER 2001 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	DPH/HWL	Confusion with HWL	Pending
2-	Mental Health	AHP	Reggie	Pending
3-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
4-	Housing	SFAF	No extension of subsidy	Pending
5-	Housing	Walden House	Termination of Services	Pending
6-	Primary Medical	Haight Ashbury	Substandard Services	Pending
7-	Housing	BCA	Termination of Services	Resolved
1-	Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, client claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. No documents were located. Client also claims that residents of Derek Silva who allegedly have a later brief enrollment date have been offered a subsidy. Advocacy Project is investigating these claims.			
2-	Client sought services from AHP. During his intake the client was informed that his information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project and filed a grievance on how to access mental health services from AHP without having his information shared with the other two agencies in the HIV Services Partnership. AHP responded with a special mechanism for this particular client to access services without having his information shared with the other two agencies. Client wants this option presented to all clients and the Advocacy Project is assisting the client in asking AHP to provide this "AHP only" option to all clients.			
3-	Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting			

with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director if the information is appropriate for a housing program and how the information should be disseminated to clients.

- 4- Client's partner died suddenly while vacationing in Asia. Client and his partner both received a subsidy through the SFAF. Now, client will not be able to live in his apartment with only his subsidy. The SFAF has paid the deceased partner's subsidy for approximately 2 months in order to give the surviving partner time to locate another apartment. The client has filed a grievance asking for more time because he suffers from a documented anxiety condition, physical manifestation of his AIDS condition as well as the difficulty in finding an apartment during the holidays. SFAF, client and Advocacy Project met to discuss a resolution; however, the SFAF could not offer a transition plan because the HRSA regulations do not allow for a transition plan for more than 30 days. Advocacy Project has requested a copy of these regulations from the program manager.
- 5- Client claims that she received substandard services from Walden House. Client filed a grievance outlining four areas of concern. First, client claims she was harassed by other residents for being a transgender woman and staff did not properly respond to her pleas for help. Second, client claims that she was kicked out of the program for a minor infraction. Third, client claims that when she was asked to leave the program, she was not given any referrals for transition services. Finally, client claims that Walden House still has some of her possessions. Advocacy Project assisted client with a grievance and is awaiting a response from Walden House.
- 6- Client claims he received substandard medical services from Haight-Ashbury Free Clinic. After weeks of stomach pain and gastrointestinal problems, client went to Haight-Ashbury for medical attention. Client believes that his symptoms were overlooked and misdiagnosed. Finally, when his concerns and pain were not taken seriously, client demanded blood work to be done. When the results of his blood work were completed, the doctor told him he had AIDS without even performing an HIV test. Client claims that the physician based his knowledge solely on a low T-cell count (100 T-cells). The client claims that the manner in which he was told was completely inappropriate. Client and Advocacy Project filed a grievance about his alleged poor treatment and are awaiting a response.
- 7- Client claims that he was improperly terminated from his housing operated by Black Coalition on AIDS. In November, client claims that he was asked to leave in a very abrupt manner because he allegedly kicked in a door. Client claims that he did not do it. Because of his abrupt departure, client left some of his belongings at the unit and claims they have not been returned to him. Client also claims that because he did not stay a full month, he is entitled to a portion refund of the rent he paid (approximately 2 days). Finally, client claims that a member of the staff was selling drugs near the building. Client filed a grievance with assistance of Advocacy Project. BCA responded that numerous witnesses, both staff and residents, could verify the violence created by the client. BCA also stated that they are not in possession of any personal property belonging to the client and that the client returned the following day to pick up all of his property. While responding to the allegations, BCA did offer the client the opportunity to apply for the program again. Client declined. Client is not satisfied with the result is contemplating an action in small claims court.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Housing	Derek Silva	Access to Services	Pending
2-	Housing*	Derek Silva	Freedom of Expression	Pending
3-	Housing	Derek Silva	Eviction	Resolved
4-	Housing	SFAF	Documentation Production Time	Pending
5-	Housing	Haight Ashbury	Standard of Care	Pending
6-	Money	AEF	Access to Services	Resolved

- 1- While living at Derek Silva, the client receives regular assistance through a worker at In-Home Support Services (IHSS). This IHSS worker arrived for her shift to assist the client and had an altercation with another resident in the building. As a result of this altercation, the IHSS worker was asked to leave the building. The client filed a grievance because he claims he was told that his IHSS worker would never be allowed to enter the building again. The Advocacy Project contacted the Program Director who met with the IHSS worker to determine if the IHSS worker could in fact be a threat to other residents in the building. It was determined that the IHSS worker was not a threat and within 24 hours was admitted into the building. Client is still waiting for a written response from the Program Director
- 2- All residents at Derek Silva received a copy of a new non-discrimination and harassment policy. Client believes this policy was directed at him personally because he is an artist and his artwork contains an image of Archbishop Levada in an unfavorable light. Secondly, client claims that the new policy was not signed; therefore, he was uncertain who sent out this new policy. Client claims the community was never consulted in the development of this new policy. Client filed a grievance on these two issues and the Program Director responded that this new policy was given to all Catholic Charities employees and clients and distributed to every Catholic Charities program. Because Derek Silva's response did not include an answer regarding his complaint about lack of community input in policy creation, client is contemplating an appeal.
- 3- Client was served with an eviction notice based on failure to pay rent. Advocacy Project contacted the Program Director in an effort to negotiate a payment plan. During the mediation, Derek Silva presented evidence of hostile and abusive conduct and drug selling by the tenant. All parties agreed that the eviction action could be dismissed if the client attended a 90-day residential drug treatment program and pay the outstanding rent. ~~Client is reluctantly satisfied with the outcome.~~
- 4- Client receives a subsidy from the SFAF and began working a few months ago. Client called the SFAF to inform them that he was working. The SFAF informed the client that his next check would be suspended until he could demonstrate more clearly how much money he had earned over the last few months. Because the client works for the SF Unified School District, obtaining the proper documentation was difficult to retrieve quickly; however, client was able to obtain the proper documentation and the client's subsidy was paid on time. Client filed a grievance so that funds should not be suspended while necessary documents are being provided. Client believes that a 30-day response time should be allowed for in providing financial documentation. The SFAF disagreed and claims that they could potentially be violating a funding contract by releasing a check for a client who no longer meets the eligibility requirements by working. Client is not satisfied with the response

and has requested documentation from the SFAF regarding this alleged provision that would not allow for his desired flexibility. Advocacy Project is monitoring the grievance.

- 5- Client claims that she does not receive adequate meal portions while staying at the Smith Ryan residential house that is operated by Haight Ashbury Free Clinics. Additionally, client claims that other residents are hostile to her HIV status and staff has been unresponsive to her complaints. Because the client fears retaliation, the Advocacy Project filed a confidential grievance based on the client's claims and is awaiting a response.
- 6- Client claims that he was treated unfairly at the AIDS Emergency Fund (AEF) while trying to access services. Client believes that he was told that he was not eligible for services because of a personality difference and/or miscommunications with the in-take staff person. Client filed a grievance and the Interim Executive Director provided a response that he would investigate the issues and talk to all staff members involved. Client is satisfied with the outcome.

Referral Calls:	Alternative Medical Services	1
	SF Redevelopment Agency	1
	HIV Resource Guide	2
	Project Open Hand Grievances Proc.	1
	ALRP	2
	<u>Derek Silva Grievance Procedures</u>	<u>1</u>
	Total	8

* Duplicated Client

(Report prepared by Richard Bargetto on 12/20/01)

December 4, 2001

Susan Haikalis, LCSW
SFAF
995 Market Street, Ste. 200
San Francisco, CA 94103

Dear Ms. Haikalis,

In April 2001, I began receiving a standard CARE-funded subsidy from the SFAF. When I began receiving the subsidy, I was employed for San Francisco Unified School District (SFUSD) as an assistant substitute teacher. However, I was not working because of health issues and the lack of teaching opportunities during the end of the school year. When I met with Michelle, subsidy case manager, I explained my employment situation. She stated that because I had no income my employment status was not important. During the summers months I worked a few hours.

After the summer vacation when school started again in September, I began working for the School District. During these next two months I earned approximately \$500 per month. A few weeks later on November 27, 2001, I left a message for Michelle that explained that I had some checks that I wanted to share with her regarding some recent work that I had completed. She returned the phone the following day. In her message, she said, "I have put a hold on your December check until we can figure out what is going on." As you can imagine, I was quite frightened when I received this message. I felt that I was acting in good faith and felt my efforts to be honest were not received in a good light. Because I received her message late, I was unable to call her that day. The following morning I called her and she asked me to come in that afternoon. I dropped everything and I met with her immediately thereafter. When I arrived, I met with Michelle and Ramon Matos and was told that they could not release my December subsidy check until further documentation could be provided for all the pay periods since the beginning of September included the period when I had no income at all.

I immediately called SFUSD with Michelle and was informed that my personal situation could not be handled any more quickly than Monday, December 3, 2001. My assurances and my employer's assurances were not sufficient. Michelle stated that once the documentation was received, the check could be released. There were no guarantees that my check would be ready on time.

Michelle called me the next day that the proper documentation had arrived and that my December rent would be mailed to my landlord. At this point, I was relieved and also concerned that other clients who are similarly situated will not be able access the documentation as quickly

as I was. I believe that a person with HIV would feel more secure if their most important asset is not threatened by the need for documentation on a moment's notice. I can see any number of reasons that documentation could take some time to obtain.

I would like the SFAF to reconsider its policy regarding the time frame for providing documentation. I would like the new policy to include a provision whereby any request for information by the SFAF would allow a 30-day response time by the client. In this way, clients could more easily and without disruption to their lives and sense of security retrieve the needed information that is essential to their housing. If extreme circumstances do not allow for information to be gathered during this window, after careful review, the case manager on a discretionary basis could apply for an extension. I do support the efforts for income verification in order to equitably distribute funds as fairly as possible. I am eager and willing to assist and comply with this effort.

I would hope this new policy would achieve three objectives. First, to facilitate smoother communications, better collaboration and improved relations between clients and case managers. Second, to eliminate the fear that coincides with having the security of one's home threatened with financial uncertainty. Third, to give case managers more flexibility to achieve a client-centered system of care.

I would like to say that Michelle and Ramon handled the situation in a professional manner; however, based on our conversation, they informed me that they were mandated by their grant to act in this way. I would like to give them more discretion to be able to reflect on their determinations and to avoid making such important decisions in haste.

I look forward to your prompt response. If there is any information that you would need or would like to meet to discuss this issue, please do not hesitate to contact me anytime.

Sincerely,

A handwritten signature in black ink, appearing to be 'Wayne Peace', with a long, sweeping horizontal line extending to the right.

Wayne Peace
415-626-3825

cc: Richard Bargetto, HIV Consumer Rights Advocate
Daisy Leyva, SFDPH Program Manager
PWA Caucus of the HIV Health Services Planning Council

HIV Health Services Planning Council PWA CAUCUS MEETING

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Meeting Date: February 13th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:30pm - 7:30pm
Members Present: Jim Mitulski; Gary Harrell; Tracy Neil; Brad Hume; Cecilia Chung; Dirk Doepfner; Norm Tanner; Kevin Johnson.
Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Jeff Morey (Consultant); Robert Swift (Consumer); Mark Misrok (Positive Resource Center); Jane Gelfand (Positive Resource Center); and Robert Owens (Council Admin. Asst. - Minutes).
Next Meeting: Wed., March 13th, 2002, 25 Van Ness, Room 330B, 5:30pm - 7:30pm

Introductions

Review / Approval of Agenda

The Agenda was reviewed and approved.

Announcements / Public Comment

Jane Gelfand, Program Director at Positive Resource Center and *Mark Misrok*, Employment Services Program Coordinator gave an update about the financial situation, services provided, and long-term vision at Positive Resource Center. Positive Resource Center has been around since 1987 providing employment services, benefits counseling, and trainings for consumers and providers. In December, 2001, PRC had a 30% reduction in staff, and had to reduce or eliminate programs, such as career counseling, supplemental job placement, computer training, benefits counseling, resume consultation, volunteer coordination, and administrative support. Benefits counseling works with 1,500 clients (300 clients per counselor, total of five counselors) per year and Employment Services have a total of 3,600 clients served by two Job Placement Advocates and two Service Coordinators. PRC is in a financial crisis, they need \$20,000 by the end of February and \$80,000 by the end of March. Ninety percent of funds go directly into client services, with an annual budget of \$1.2 million; CARE funding amount is \$279,000. Two-thirds of the expected income will arrive in the later part of the year.

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Jim Mitulski stated that grass-roots funding will be the key in aiding PRC and asked the members present to help spread the word that PRC needs help. *Brad Hume* stated that the Planning Council is unable to help services directly, but will help by letting people know about PRC's situation. *Jim Mitulski* asked PRC to come up with a plan on who the council can contact to assist them in their financial situation.

Ground Rules

Brad Hume reminded the committee members about the Ground Rules.

Consumer Rights Advocate Report

Richard Bargetto reviewed January's consumer report. *See Attachment A.* *Richard Bargetto* also gave a report about the subsidy changes at San Francisco AIDS Foundation.

Discussion Regarding Advocacy Reports

Brad Hume lead a discussion about the Advocacy Reports, and it's effectiveness in providing usable information to the Caucus. *Jim Mitulski* reported that the Advocacy Reports have helped make changes in dental services at UOP; the AIDS office reads the reports and takes the information into consideration. *Brad Hume* also brought up the point about confidentiality issues with the reports. *Richard Bargetto* stated that he informs the clients that this information will be shared with the PWA Caucus, Planning Council, and is open to the public and has them sign a disclosure-client agreement. Most clients are pleased that the information is shared.

Consultant's Presentation

Jeff Morey reviewed, with the committee, drafts of the Mission Statement and possible alternative names for the PWA Caucus. *See Attachment B.* The Mission Statement came from the By-Laws and other sources. *The committee* discussed the Mission Statement, suggested changes in its language, reviewed members' participation, and it's purpose. *The committee* also discussed having a small retreat to finalize the Mission Statement; it was agreed that the committee would meet on Wednesday, February 27th, to further discuss the issues concerning the Mission Statement. In addition, a Yahoo Groups email list will be created, in order for the committee to continue their discussions.

New Business / Next Agenda

The next Agenda, for the meeting of Wednesday, February 27th, is to discuss the Mission Statement, name change for the committee, and work on a draft for the PWA Caucus policies and procedures.

Adjournment

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PWA CAUCUS – JANUARY 2002 REPORT

LAST MONTH'S CASES

	Type of Service	Agency	Issue	Outcome
1-	Housing	DPH/HWL	Confusion with HWL	Resolved
2-	Mental Health	AHP	Reggie	Resolved
3-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
4-	Housing	SFAF	No extension of subsidy	Resolved
5-	Housing	Walden House	Termination of Services	Withdrawn
6-	Primary Medical	Haight Ashbury	Substandard Services	Resolved
7-	Housing	Derek Silva	Access to Services	Pending
8-	Housing*	Derek Silva	Freedom of Expression	Resolved
9-	Housing	SFAF	Documentation Production Time	Pending
10-	Housing	Haight Ashbury	Standard of Care	Resolved

- 1- Client claims he signed up with the Housing WaitList (Chips) in 1992 and then moved into Derek Silva in 1994. In 1994, while in a deteriorated condition, client claims that he received a phone call for a housing subsidy. Because of his condition, he declined the subsidy. Now, client would like the subsidy based on the theory that his residency at Derek Silva was temporary and he is now in a condition to accept his subsidy that was offered to him many years ago. Advocacy Project has contacted HWL, SFAF, Shanti and Derek Silva and has reviewed documents in order to determine whether client was aware of his long-term placement at Derek Silva. No documents were located. Client also claims that residents of Derek Silva who allegedly have a later brief enrollment date have been offered a subsidy. Advocacy Project investigated these claims and discovered that while it may have been possible that some residents were placed at Derek Silva with a "temporary status" in 1996 & 1997 and then later offered a subsidy, all residents at Derek Silva are now considered permanently placed by the HWL. Client also grieved about the violence he has encountered at Derek Silva during his residency; however, a lack of evidence made a reasonable inquiry difficult. Finally, client also grieved that he still struggles with his sobriety and never agreed to a residential facility with a harm reduction model. Client is dissatisfied with the outcome.
- 2- Client sought services from AHP. During his intake the client was informed that his information would be shared with two other agencies, Shanti and SFAF. Client did not want his personal information shared, thus, the intake process concluded because AHP could not proceed with the intake without disclosing the information to the other two agencies. Clients contacted the Advocacy Project and filed a grievance on how to access mental health services from AHP without having his information shared with the other two agencies in the HIV Services Partnership. AHP responded

with a special mechanism for this particular client to access services without having his information shared with the other two agencies. Client wants this option presented to all clients and the Advocacy Project is assisting the client in asking AHP to provide this “AHP only” option to all clients. AHP responded that they will continue to make this exception to policy available to clients as individually indicated. AHP believes the issue to be resolved. Client is reluctantly satisfied with the outcome.

- 3- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director if the information is appropriate for a housing program and how the information should be disseminated to clients.
- 4- Client’s partner died suddenly while vacationing in Asia. Client and his partner both received a subsidy through the SFAF. Now, client will not be able to live in his apartment with only his subsidy. The SFAF has paid the deceased partner’s subsidy for approximately 2 months in order to give the surviving partner time to locate another apartment. The client has filed a grievance asking for more time because he suffers from a documented anxiety condition, physical manifestation of his AIDS condition as well as the difficulty in finding an apartment during the holidays. SFAF, client and Advocacy Project met to discuss a resolution; however, the SFAF could not offer a transition plan because Department of Public Health’s interpretation of the HRSA regulations do not allow for a transition plan for more than 30 days. Client is not satisfied with the outcome.
- 5- Client claims that she received substandard services from Walden House. Client filed a grievance outlining four areas of concern. First, client claims she was harassed by other residents for being a transgender woman and staff did not properly respond to her pleas for help. Second, client claims that she was kicked out of the program for a minor infraction. Third, client claims that when she was asked to leave the program, she was not given any referrals for transition services. Finally, client claims that Walden House still has some of her possessions. Advocacy Project assisted client with a grievance and is awaiting a response from Walden House. Grievance withdrawn through inaction.
- 6- Client claims he received substandard medical services from Haight-Ashbury Free Clinic. After weeks of stomach pain and gastrointestinal problems, client went to Haight-Ashbury for medical attention. Client believes that his symptoms were overlooked and misdiagnosed. Finally, when his concerns and pain were not taken seriously, client demanded blood work to be done. When the results of his blood work were completed, the doctor told him he had AIDS without even performing an HIV test. Client claims that the physician based his knowledge solely on a low T-cell count (100 T-cells). The client claims that the manner in which he was told was completely inappropriate. Client and Advocacy Project filed a grievance about his alleged poor treatment. Haight-Ashbury responded that more sensitivity will be taken in the future. Client is satisfied with the outcome.
- 7- While living at Derek Silva, the client receives regular assistance through a worker at In-Home Support Services (IHSS). This IHSS worker arrived for her shift to assist the client and had an altercation with another resident in the building. As a result of this altercation, the IHSS worker was asked to leave the building. The client filed a grievance because he claims he was told that his IHSS

worker would never be allowed to enter the building again. The Advocacy Project contacted the Program Director who met with the IHSS worker to determine if the IHSS worker could in fact be a threat to other residents in the building. It was determined that the IHSS worker was not a threat and within 24 hours was admitted into the building. Client is still waiting for a written response from the Program Director

- 8- All residents at Derek Silva received a copy of a new non-discrimination and harassment policy. Client believes this policy was directed at him personally because he is an artist and his artwork contains an image of Archbishop Levada in an unfavorable light. Secondly, client claims that the new policy was not signed; therefore, he was uncertain who sent out this new policy. Client claims the community was never consulted in the development of this new policy. Client filed a grievance on these two issues and the Program Director responded that this new policy was given to all Catholic Charities employees and clients and distributed to every Catholic Charities program. Also, the Program Director will attempt to bring emerging issues to the monthly building meeting where client input can be included in the development of new policy. Client is not satisfied with the outcome.
- 9- Client receives a subsidy from the SFAF and began working a few months ago. Client called the SFAF to inform them that he was working. The SFAF informed the client that his next check would be suspended until he could demonstrate more clearly how much money he had earned over the last few months. Because the client works for the SF Unified School District, obtaining the proper documentation was difficult to retrieve quickly; however, client was able to obtain the proper documentation and the client's subsidy was paid on time. Client filed a grievance so that funds should not be suspended while necessary documents are being provided. Client believes that a 30-day response time should be allowed for in providing financial documentation. The SFAF disagreed and claims that they could potentially be violating a funding contract by releasing a check for a client who no longer meets the eligibility requirements by working. Client is not satisfied with the response and has requested documentation from the SFAF regarding this alleged provision that would not allow for his desired flexibility. Advocacy Project is monitoring the grievance.
- 10- Client claims that she does not receive adequate meal portions while staying at the Smith Ryan residential house that is operated by Haight Ashbury Free Clinics. Additionally, client claims that other residents are hostile to her HIV status and staff has been unresponsive to her complaints. Because the client fears retaliation, the Advocacy Project filed a confidential grievance based on the client's claims and is awaiting a response. Haight-Ashbury responded that the hostility was real and coming from one specific resident that they could not evict because she was protected from eviction because of her confinement to a wheelchair. The Program Director also stated that noticeable improvements will be seen by residents because of significant staff changes. Client could not indicate whether she was satisfied or not with the outcome.

NEW CASES

	Service	Agency	Issue	Outcome
1-	Housing	Peter Claver - Catholic Charities	Unsafe Housing	Resolved
2-	Housing	Leland – Catholic Charities	Freedom of Association	Resolved
3-	Housing	HWL	Permanent Placement	Resolved.

- 1- Client claims that he was harassed by another resident at Peter Claver for approximately seven months. This harassment has allegedly taken the form of loud music, hostile language and violent threats. Client claims he went to staff on numerous occasions and filled out numerous incident reports but the situation had not improved. Client then collected 25 signatures (out of 31 residents at Peter Claver) for a petitioned to Peter Claver staff to permanently expel the harassing resident from the building. The Advocacy Project contacted Peter Claver and was informed that the resident was in jail that weekend for another incident of documented violence. Peter Claver staff had obtained a Stay Away Order from the court and had begun eviction proceedings. Client was satisfied with the response and outcome.
- 2- Client claims that he wants to visit his local church by having church members pick him up from Leland house and drive him to services and other social functions. Leland has objected to such outings because Leland has a policy which does not allow for such activity when transportors (church members) are also volunteers at Leland who conduct a Bible study onsite. Client contacted the Advocacy Project and wanted assistance. Advocacy Project contacted the Program Director who stated that such social visits and other outings would be acceptable after a 3 month grace period whereby church members transition from “volunteer status” to “friend status” so not to confuse the boundaries of person who assist residents at Leland. Also, the Program Director proposed making such activities part of the activities committee at Leland in order to allow for all residents to participate. Client is minimally satisfied.
- 3- Client was offered a subsidy while living at Derek Silva about 1 year ago. He was unable to accept the subsidy at the time but would like to accept it now. However, the HWL now recognizes this resident as permanently placed at Derek Silva. Since he declined the subsidy once, he will have to request a change in status which would put him at the end of the list since he already received one placement. Advocacy Project assisted client with the HWL Transfer form. Client is satisfied with the outcome.

Referral Calls:	SFAF Services	2
	SFAF Grievance Procedures	1
	Derek Silva Grievance Procedures	2
	CARE Council Support	1
	Mission Dolores	1
	ALRP Services	1
	BayView/Hunter's Point Foundation	1
	AEF Services	1
	Small Claims Court	1
	Instituto de la Raza Grievance Procedures	1
	Private Attorney	1
	UCSF Dental Clinic Services	1
	HWL Services	1
	Total	16

* Duplicated Client

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HIV Health Services Planning Council
PWA Caucus Meeting Agenda
March 13, 2002
25 Van Ness Avenue, Room 330 B
5:30 p.m. – 7:30 p.m.

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
I. Introductions	Group	5:30
II. Review, Amendment and Approval of Agenda	Group	5:35
III. Review and Approval of Minutes of February 13, 2002, Caucus Meeting	Group	5:40
IV. Announcements	Group	5:45
V. Public Comment	Group	5:50
VI. HIV Consumer Rights Advocacy Project Report	Richard Bargetto	6:05
VII. Training Opportunities	Co-Chair	6:20
VIII. Dinner Break	Group	6:30
IX. Consultant's Presentation	Jeff Morey	6:40
X. Needs Assessment Task Force Update	Co-Chair	7:20
XII. Other Business/Next Meeting Agenda (Wednesday, April 10, 2002)	Group	7:25

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Report

HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: March 13th, 2002
Meeting Place: 25 Van Ness Ave., Room 330B
Meeting Time: 5:30pm - 7:30pm
Members Present: Kevin Johnson; Felicia Elizondo; Mjay Sanders, Co-chair; Edward Patternson; Ken Pearce; and Charles Siron.
Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Jane Gelfand (Positive Resource Center); JT Swanson (Positive Resource Center); Xavier Lachica (Positive Resource Center); Carmen Cumba (Positive Resource Center); Rich Houll (Quan Yin); Zach Cook (Quan Yin); Vir Lagarus (Quan Yin); and Robert Owens (Council Admin. Asst. - Minutes).

space

Next Meeting: Wed., April 10th, 2002, 25 Van Ness, 330B, 5:30pm -7:30pm

Introductions

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All individuals introduced themselves.

APR - 8 2002

Review / Approval of Agenda

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The Agenda was reviewed and approved.

Announcements / Public Comment

Jane Gelfand, Program Director from Positive Resource Center (PRC), gave an update on the work done at PRC. PRC saves CARE dollars in all services by getting clients onto SSI. There are a lot of people living with HIV/AIDS who should be on benefits who are not due to medical diagnosis barriers. The Welfare Reform Act of 1996 (not enforced until 2001) stated that people living with HIV/AIDS who have felonies, warrants, or have been incarcerated are being terminated and denied of SSI permanently; since October of 2001, 300 clients have been affected. In addition, 8 states have put a freeze on new ADAP enrollment with a possibility of 2 more states joining the freeze. PRC does time-consuming advocacy for 1,500 clients with in a contract year. Each client receives about 1.5 to 20 hours of services concerning benefits counseling. Ken Pearce inquired if client files are closed after the client receives benefits. Jane stated that the files of clients are kept open- once a client always a client. PRC is developing a database to track clients more closely. Kevin Johnson encouraged representatives from PRC to attend the Cities Finance Meeting.

Jane also stated that PRC deals with post-entitlement issues and issues concerning overpayment. Carmen Cumba reported that she handles all of the PRC cases of people who are homeless. Most of these clients are "out of CARE" and PRC helps them into the system, by utilizing other agencies and services. Edward Patterson inquired about subsidy programs. If a client loses their SSI, will they become homeless? Jane responded that The Star, Rivera, and Bridge SRO's allow clients housing if they have no income, but other hotels do not. Jane announced that a client of PRC received a favorable decision regarding GA after applying 7 times. Jane also stated that PRC would advocate with doctors on behalf of clients on VA. JT Swanson had a success story where she got an overpayment of 18,000 waived for a client at PRC.

Zack Cook reported that he was pleased with the Council's decision to not eliminate Complementary Therapy. Zach is living with HIV and HEP C and has just completed the HEP C treatment. Quan Yin client's rely on CARE dollars for their Complementary Therapy. Most of them have exhausted the medication regimen, and these services are the only treatment that alleviates their medical condition.

Vir Lagarus, an unaffiliated consumer, who has Parkinson, HIV, and HEP C stated that she uses the services of PRC and Quan Yin and finds the Complementary Therapy to be a great help in dealing with her side effects. She feels that she might be able to start working again because of this service and will be utilizing PRC about returning to work.

Richard Bargetto encouraged Quan Yin to contact HRSA to share the success stories with the use of Complementary Therapy.

HIV Consumer Rights Advocacy Project Report

Richard Bargetto reviewed the current cases concerning Housing at Dolores Street Community Service, Case Management at TLC/TARC, Housing at Lodestar/Haight Asbury Free Clinic, and Mental Health at Mano-a-Mano/IFR. Richard then reviewed the contract year number of clients seen, client demographic information, number of grievances filed, agency breakdown, and service category. *See Attachment A.*

Training Opportunities

Mjay Sanders passed out informational sheets about different training opportunities. See Attachment B. The HAN conference is an excellent conference to attend to understand agencies that deal with people living with HIV/AIDS. Kevin Johnson stated that the AIDS Watch Update is a wonderful opportunity; the conference teaches how to talk to congress, senate, and state

representatives about HIV/AIDS issues. Kevin has attended two of the conferences, advocating for the "Back to Work Programs".

Mission, Goals, & Responsibilities of the PWA Caucus

Mjay Sanders reviewed the language in the By-Laws concerning the role of the PWA Caucus; and summarized his perspective of the Mission Statement, Goals, and Responsibilities of the PWA Caucus. See Attachment C. In his handout he defines what the strengths of the PWA Caucus are and how they relate to the Council.

Needs Assessment Task Force Update

Mjay Sanders gave an update on the progress of the Needs Assessment process. Thus far, 330 people, who are HIV+ and live in the County of San Francisco has been interviewed- 96 Caucasians, 123 African-Americans, 75 Latino-Americans, 13 Asian-Pacific-Islander-Americans, 11 Mixed-Race-Americans. And 47 individuals from those groups, are homeless individuals of whom 38 of them currently are "not in CARE".

The group discussed some first hand experiences related to the interview process and survey completion. It was the perception of some people that the experiences were questionable; it was perceived that clients may be completing the surveys as quickly as possible in order to get their incentive vouchers; it was questionable as to whether some people were actually HIV+ or they just heard about the survey and the voucher; and the large size of the group did not allow for enough time for individual attention when needed.

Adjournment

The meeting was adjourned at 7:35 p.m.

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HIV Health Services Planning Council
PWA Caucus Meeting Agenda
April 10th, 2002

25 Van Ness Avenue, Room 330 B

5:30 p.m. - 7:30 p.m.

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
I. Introductions	Group	5:30
II. Review, Amendment and Approval of Agenda	Group	5:35
III. Review and Approval of Minutes of March 13, 2002, Caucus Meeting	Group	5:40
IV. Announcements	Group	5:45
V. Public Comment	Group	5:50
VI. Update Regarding Services for PLWH Derek Silva	Merrill Kenna	6:05
VII. HIV Consumer Rights Advocacy Project Report	Richard Bargetto	6:20
VIII. Dinner Break	Group	6:30
IX. Consultant's Presentation	Jeff Morey	6:40
X. Needs Assessment Task Force Update	Co-Chairs	7:00
XII. Other Business/Next Meeting Agenda	Group	7:25

(Wednesday, May 8th, 2002)

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HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: April 10th, 2002

Meeting Place: 25 Van Ness Ave., Room 330B

Meeting Time: 5:30pm - 7:30pm

Members Present: Kevin Johnson; Brad Hume, Co-chair; Mark Dunlop; Cecilia Chung; Ken Pearce; and Charles Siron.

Others Present: Richard Bargetto (HIV Consumer Rights Advocate); Eric Whitney (Council Coordinator); Brian Dold (Derek Silva); Merrill Kenna (Catholic Charities); Michael P. Finley (Public); Brian Silva (PRC Volunteer); Edwin del Carpio (AEF); Steven Ewing (Guest); Jeff Morey (Consultant); Trevor S. Bougouneau (Public); Brie Cross (Public); and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., May 8th, 2002, 25 Van Ness, 330A, 5:30pm - 7:30pm

Introductions

Review / Approval of Agenda

The Agenda was reviewed and approved.

Review / Approval of Minutes

The Minutes was reviewed and approved.

Announcements / Public Comment

Mark Dunlop announced that the Membership Committee has approved to recommend 4 candidates for membership to the council on April 22nd. Two of the candidates are HIV+ and two are HIV-. The By-laws indicate that the council must have 67% of its members be HIV+. There are 9 vacate seats, with this rule 8 of the seats must be filled by a HIV+ person. The Membership Committee would like the PWA Caucus to revisit the 67% rule and review HRSA rule, which is 33%. The reason why the Membership Committee would like the 67% rule revisited is because the council has lost many qualified candidates due to the fact that they did not met this rule, that the number of people that apply to the council is low, and that members leave periodically through the year and reaching and maintaining this goal has been very difficult. Ken Pearce suggested that the 67% rule be reduced to 50% for the full council, and that for HIV+ unaffiliated consumers which are 40% be reduced to HRSA's mandate of

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33%. Brad Hume stated that this will be discussed at the next PWA Caucus meeting and thinks that the rule should be revisited.

Robert Owens announced that Positive Resource Center (PRC) received a grant from the Employment Development Department (EDD), through the hard work of Assemblywoman Carole Migden, Michael Bernick, Director of the EDD, Mark Misrok, Employment Services Program Coordinator at PRC, Governor Gray Davis, and all of the other hardworking people at PRC and EDD.

Ken Pearce announced that the Mayor's cuts have gone to DPH eliminating several HIV programs.

Public Comment

Michael P. Finley stated that he has been living with HIV for the past 19 months; and he is eager to learn all he can about HIV and HIV services.

Trevor Bougouneau stated that he wants to start taking a pro-active stance to assist in refining HIV services.

Steven Ewing stated that he was recently diagnosed with HIV and he wants to become more involved with helping the HIV community with support groups and fund raising efforts.

Brian Silva stated that he is currently a volunteer at Positive Resource Center. He is a long-time survive of HIV, since 1987, and he is saddened by the recent cuts in CARE funding and would like to help out the HIV community in any way.

Update Regarding Services for PLWH at Derek Silva

Merrill Kenna stated that he has been at Catholic Charities for 10 years. Merrill announced that Mercy Housing purchased the Derek Silva building on December 2001 which stabilized Derek Silva's housing situation, allowing them a permanent location. Mercy Housing has decided to renovate the Derek Silva building, upgrading the plumbing, electrical system, and seismic issues; the upgrades will cost around 3 million dollars.

Brian Dold stated that he has been the Program Director at Derek Silva for one year. Brian announced that the residences at Derek Silva have been informed of the renovations and that he is 99% sure that Derek Silva will be able to work around the residences with minimal disruption. Derek Silva will have several options for their residences for alternative housing while the renovation takes place. There will be 10 apartments available for residences to move in while there floor is being worked on, as well as financial assistance for residences whom want to stay with a friend or stay at an alternative place. The renovations will start on the first floor and basement and will work through each floor; thus

allowing most residences to remain while the renovations take place. There will be also financial assistance for storage for the residences. The renovation will begin this year in December and take about 12 to 18 months to complete.

Derek Silva is a sixth floor apartment complex, consisting of 61 units, with 66 residences. Each unit has a full kitchen and bath on a lease. The building has a program manager, two case managers, a full-time clinical coordinator, a gym, and an art studio. The residences are all have a disabling HIV+ diagnosis, with low income.

Richard Bargetto announced that since Brian and Merrill have been running Derek Silva that their grievances have been reduced by 47%.

HIV Consumer Rights Advocacy Project Report

Richard Bargetto reviewed the current case concerning termination from services at Project Open Hand. *See Handout – PWA Caucus Report – March 2002.* The committee discussed the case and options for people with violent behavior. Richard is continuing with this case offering possible alternatives for the client and agency.

Needs Assessment Task Force Update

Brad Hume spoke about the concerns brought up at the last PWA Caucus meeting regarding the survey process and the confidentiality issues around the individual that brought up the issue. Brad Hume direct the committee to review the status reports from the contractors that discussed the issues. The committee discussed the confidential issue, the validity of the surveys, and how the contractors will handle the problem surveys. Eric Whitney gave a brief overview of the status of the Needs Assessment. Charles Siron stated that he attended the survey interviewer training and found that the training covered all problem issues and how to handle them.

Consultant's Presentation

Brad Hume introduced Jeff Morey, Consultant to the committee. Eric Whitney gave a brief overview of the reason why a consultant, Jeff Morey, was hired, the work that he has done for the committee, the funding for the project, and the process of the project. *See Handout – PWA Caucus Policy & Practice.* Eric Whitney stated that this is a living document, please review the content only.

Jeff Morey reviewed the document, PWA Caucus Policy & Practice, with the committee and had a brief discussion about each point. Jeff Morey explained his process, reasons for the content of the document, the inserts from the By-laws, the Mission Statement, and the expectations laid out in the document.

Next Meetings Agenda

- 67%/40% By-laws Rule on HIV+
- PWA Policy & Practices
- Mission Statement
- Discuss – 3-Year Plan
- Discuss – Prioritization
- Discuss – Target vs. Across the Board Cuts

Adjournment

The meeting was adjourned at 7:30 p.m.

HIV CONSUMER RIGHTS ADVOCACY PROJECT

1540 Market Street, Suite 301

San Francisco, CA 94102

Tel: 415.863.8131

Fax: 415.863.0831

PWA CAUCUS REPORT – MARCH 2002

LAST MONTH'S CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Housing	SFAF	Documentation Production Time	Withdrawn
3-	Case Management	TLC/Continuum	Quality of Care	Resolved
4-	Housing	Lodestar/Haight Ashbury	Quality of Care	Pending
5-	Mental Health	Mano-a-Mano/IFR	Quality of Care	Resolved

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client receives a subsidy from the SFAF and began working a few months ago. Client called the SFAF to inform them that he was working. The SFAF informed the client that his next check would be suspended until he could demonstrate more clearly how much money he had earned over the last few months. Because the client works for the SF Unified School District, obtaining the proper documentation was difficult to retrieve quickly; however, client was able to obtain the proper documentation and the client's subsidy was paid on time. Client filed a grievance so that funds should not be suspended while necessary documents are being provided. Client believes that a 30-day response time should be allowed when providing financial documentation. The SFAF disagreed and claims that they could potentially be violating a funding contract by releasing a check to a client who no longer meets the eligibility requirements by working. Client is not satisfied with the response and has requested further documentation from the SFAF and AIDS Office. After many months, this grievance withdrawn through client inaction.

- 3- Client claims that he received poor treatment from his case manager at the TLC program of Continuum. Client claims that he had to wait unreasonable delays for meetings, was denied his med-card & bus tokens, was referred to agencies with inappropriate services and improperly terminated from the program. Client filed a grievance with the assistance of the Advocacy Project. Continuum responded that the client had been terminated but that this termination would be suspended until the client was fully linked with other services. Additionally, Continuum agreed to modify its bus token distribution method to more efficiently and effectively respond to clients needs. Client is very satisfied with the response.
- 4- Client claims that she was began receiving services from a residential drug treatment program, Lodestar, at the end of last year. During one of the group sessions, client disclosed some very intimate details about her personal history. Client claims that during one of the sessions the group facilitator called her a liar and ridiculed her attempt at honesty. A few days later, client was hospitalized for her heart condition and given a morphine drip. When she returned to Lodestar, she was allegedly terminated from the program for "drug seeking." Client departed the program and filed a grievance seeking an apology and a written explanation of the basis for her termination. Client is awaiting a response and the Advocacy Project is monitoring the grievance. Client is also reconsidering a re-entry into the program.
- 5- Client claims that he was treated poorly while trying to seek mental health services from Mano-a-Mano at Instituto Familiar de la Raza (IFR). Client claims that after going through two meetings he was told that the staff at Mano-a-Mano were unable to assist him. He further claims that they called him "paranoid & crazy" and they made him cry. Client filed a grievance requesting a written apology and sensitivity training for the staff members involved. IFR responded that they regret any misunderstanding between their agency and the client. IFR also continued to offer mental health services in the future if the client wishes to use them. Client is minimally satisfied with the response.

NEW CASES

<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1- Food	Project Open Hand	Termination from Service	Pending

- 1- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is monitoring the process.

Referral Calls:	ALRP Services	2
	HWL Services	1
	Project Open Hand Services	1
	AEF Services	1
	HIV Testing Services	1
	ADAP Services	2
	Derek Silva Grievance Procedures	1
	<u>SRO Grievance Procedures</u>	<u>2</u>
	Total	11

* Duplicated Client

(Report prepared by Richard Bargetto on 3/29/02)

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HIV Health Services Planning Council
PWA Caucus Meeting Agenda
May 8th, 2002
25 Van Ness Avenue, Room 330 A
5:30 p.m. - 7:30 p.m.

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	5:30
2. Review, Amendment and Approval of Agenda	Group	5:35
3. Review and Approval of Minutes of March 13, 2002, Caucus Meeting	Group	5:40
4. Announcements	Group	5:45
5. Public Comment	Group	5:50
6. Consumer Advocacy Report	Group	6:00
7. Mission Statement	Group	6:15
8. 67%/40% Bylaws Rule for HIV +	Group	6:45
9. Three-year Plan	Group	7:15
10. New Business/Next Agenda	Group	7:25

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HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: May 8th, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:30pm - 7:30pm
Members Present: Kevin Johnson; Brad Hume, Co-chair; Mjay Sanders, Co-chair; Mark Dunlop; Cecilia Chung; Edward Patterson; and Charles Siron.
Others Present: Skye Ambrose; Curtis Baker; Eric Whitney; Rey Hauser; Fran Lewis; Richard Fuller; Edwin del Carpio (AEF); Trevor S. Bougouneau; and Robert Owens (Council Admin. Asst. - Minutes).

Next Meeting: Wed., June 12th, 2002, 25 Van Ness, 330A, 5:30pm -7:30pm

Introductions

Review / Approval of Agenda

The Consumer Advocacy Report was deleted from the Agenda. The Agenda was approved.

Review / Approval of Minutes

Mjay Sanders reviewed the Minutes with the committee and made a great number of corrections. The Minutes were approved with corrections.

Announcements / Public Comment

Fran Lewis stated that she lives at Derek Silva and was a close friend with Tony Leone. Fran Lewis is very concerned about Advocacy Project. Fran was involved in a verbal assault at Derek Silva. When it was time to speak to the Clinical Coordinator about the verbal assault, Fran, according to the policy of Derek Silva, stated that she wanted a witness present during the conversation. The Clinical Coordinator told Fran that she did not have this right. Fran Lewis then read aloud the Policy Sheet from Derek Silva, stating the right to have a witness present. Later, the Clinical Coordinator informed her that she did have the right to have a witness present, but after 6 months the conversation still has yet to be scheduled. Fran then called Richard Bargetto to inform him of the occurrence and to elicit his assistance. Fran stated that Richard Bargetto ignored the Derek Silva's Policy Sheet and wanted to come up with a Bill of Rights document for Derek Silva. Fran stated that she didn't receive proper help

from Richard since he ignored issue regarding the Derek Silva Policy Sheet. Fran Lewis is asking for a letter of apology from Richard Bargetto and the Clinical Coordinator. If she does not receive an apology she will seek legal action.

Mission Statement

Mjay Sanders reviewed a draft version of the Mission Statement taken from language from the bylaws, dictionary, and goals and responsibilities of the Council. See Handout Mission Statement of the HIV Advisory Caucus. Brad Hume and Mjay Sanders discussed the draft Mission Statement created by Mjay Sanders. Kevin Johnson stated that he thinks that Mjay's the draft mission statement is too wordy, the language is too high. Mark Dunlop stated that he likes Mjay's Mission Statement, that it's concise. Brad Hume spoke about his history with mission statements, then read his own draft version to the committee. Edward Patterson likes Brad Hume's version of the Mission Statement over Mjay Sanders' version; Brad Hume's version is more simple and easy to understand. Charles Siron agrees with Edward Patterson, and suggested that the words "Advisory Caucus" should be added to Brad Hume's version.

Brad Hume suggested a new name for the PWA Caucus, "the HIV Community Advisory Committee". Eric Whitney stated that the word "caucus" implies a minority, which is a misnomer, since most of the council members are HIV/AIDS. Edward Patterson suggested that the new name of the PWA Caucus, could be "the HIV Advisory Committee", eliminating the word Community from Brad Hume's suggestion.

Kevin Johnson stated that the phrase "assertive reporting" for Mjay Sanders' version of the Mission statement be inserted into Brad Hume's version of the Mission Statement. Brad Hume and Kevin Johnson then discussed the placement of the phrase. The committee then decided that the phrase doesn't make sense.

Syke Ambrose stated that the language of the Mission Statement is still too high, it eliminates low-educated people. The committee then decided to email each other with their own mission statement or ideas; to have an email discussion about the Mission Statement. Brad Hume asked the committee, "why are you here?". He suggested that this question can be and a way to gather information to formulate the Mission Statement.

The committee then went around the room and gave their answer to "why are they here".

- Mark Dunlop stated that it is to assure that the HIV community is heard.

- Kevin Johnson stated to use my experiences and values, opinions, as a person living with HIV to improved upon access to services in the EMA, and allow input into planning of future services.
- Robert Owens stated to educate and involve the public more.
- Edward Patterson stated to ensure that people living with HIV/AIDS have a voice in the decision making process of the council.
- Edwin del Carpio stated to learn the evaluative mechanism, to make sure services are being provided to all CARE recipients.
- Skye Ambrose stated to come together to compile information, to educate and hear the personal experiences of HIV community.
- Curtis Baker stated to use my experiences living with HIV, to ensure that the voices of the HIV/AIDS community are heard, to make a difference.
- Charles Siron stated to be a voice, to be heard, to be educated, about his disease.
- Richard Fuller spoke about his experience in formulating Mission Statements.
- Mjay Sanders stated that he will change the language of his version of the Mission Statement to a 5th grade reading level; See Handout PWA Caucus Mission Statement.
- Brad Hume stated that the HIV voice should be the driving voice of the council and that it supercedes every other voice, i.e. providers.

Kevin Johnson read aloud the words from everyone's statements. Mjay Sanders requested that Robert Owens email the Caucus Members email address to everyone who is a member of the Caucus, to have an email discussion concerning the Mission Statement. Everyone will need to respond by Friday, May 24th with their version of the Mission Statement.

67%/40% Bylaws Rule for HIV+

Kevin Johnson reviewed the rule, that 67% the Council must be HIV+. Kevin Johnson stated that the Council has been unable to reach this goal, that it's hard to find people to participate, that they have turned away qualified candidates because they are HIV-. Currently there are two candidates that are HIV-, that are very qualified, but as of now, can not be recommend to the Council because the Council is not in compliance with the 67% Bylaws rule.

Edward Patterson reviewed the reasons why the Council created the 67% rule; he recommend a bylaw change, reduce the rule to 40%.

Brad Hume stated that he believes that the Council is far too provider driven, and that it's imperative that the council have a lot of HIV+ people. Brad Hume requested to hold off on the recommendation to change the rule, and to put more thought into a plan to achieve the current goals.

Mark Dunlop stated that 67% is not possible in any scenario; that we have qualified HIV- candidates and can't use them; he suggested to change the rule to 51%, which will keep a majority of HIV+ Members. Charles Siron stated that the council has never reached 40 people; the 67% should be a goal not a hard fast rule.

Mjay Sanders stated that the reality is that the council has a lot of work to be done; that what is needed most is to fill the seats. Mjay Sanders' made a motion that the Membership Committee nominates the two HIV- candidates to the Council. Mark Dunlop stated that the motion is a quick and easy fix, that the motion is asking the Council to violate their own bylaws, and that he will not support violating the Bylaws. Brad Hume agreed with Mark Dunlop's statement and does not support the motion. Mjay Sanders withdrew the motion. Mark Dunlop proposed a motion to adjust bylaws to 51% of the Council Members be HIV+. Kevin Johnson seconded the motion. Edward Patterson motioned to table the discussion. Charles Siron seconds the motion. The Committee voted to table the discussion. Mark Dunlop withdrew his motion.

Adjournment

7:38pm

HHV Health Services Planning Council
PWA Caucus Meeting Agenda
June 12, 2002
25 Van Ness Avenue, Room 330 A
5:30 p.m. - 7:30 p.m.

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Item	Presenter	Time
1. Introductions	Group	5:30
2. Review, Amendment and Approval of Agenda	Group	5:35
3. Review and Approval of Minutes of May 8, 2002, PWA Caucus Meeting	Group	5:40
4. Announcements	Group	5:45
5. Public Comment	Group	5:50
6. Mission Statement	Group	6:00
7. Dinner Break	Group	6:30
8. Needs Assessment	Group	6:40
9. HIV Consumer Rights Advocacy Project Report	Richard Bargetto	6:55
10. Bylaws Requirement of 67%/40% PLWH	Group	7:05
11. Evaluation of Consultant	Group	7:15
12. Other Business/Next Meeting Agenda	Group	7:25

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People Living with HIV Advisory Committee | Steering Committee | Three-year Plan Work Group
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HIV Health Services Planning Council PWA CAUCUS MEETING

Meeting Date: June 12, 2002
Meeting Place: 25 Van Ness Ave., Room 330A
Meeting Time: 5:30pm - 7:30pm
Members Present: Brad Hume, (Co-chair); Mjay Sanders, (Co-chair); Ken Pearce, Elyse Graham, Jim Mitulski and Charles Siron.

Others Present: Richard Bargetto (Advocacy Project); Eric Whitney (Administrative Director); Richard Fuller, Jeff Hutchins, Trevor Bougouneau and Jeffrey Harding (Council Admin. Asst. - Minutes).

Next Meeting: Wed., July 10, 2002, 25 Van Ness, 330A, 5:30pm -7:30pm

Introductions

Review / Approval of Agenda

The Agenda was approved after deleting Item 11 for brevity.

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Review / Approval of Minutes

The Minutes were approved.

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Announcements

Eric Whitney addressed some of the Committee Members issues of Yahoo Group access problems.

Public Comment

Jeff Hutchins, a member of the public, shared his story about his frustration and difficulty in dealing with one of the CARE providers, Positive Resource Center. Mjay Sanders referred him to the HIV Consumer Rights Advocacy Project, explaining that the Advocate was developed with the PWA Caucus for this very reason to assist individuals experiencing difficulties accessing services at CARE funded agencies.

Mission Statement

Mjay Sanders read the Mission Statement he'd penned that was distributed at the previous meeting. Ken Pearce suggested that MJay and Brad create a Joint Mission Statement in their own words. RB stated that the common themes of "voice" and "experience" were prevalent. Jeff Hutchins suggested that "public views" be somehow included in the statement. There were several suggestions of names from the group. PLWH Advisory Committee, PLWH Community Advisory Committee, People Living with HIV Community Advisory Committee. A motion was made by Charles Siron to amend the name to People Living with HIV Advisory Committee. Motion seconded and passed by hand vote. Brad and

MJay will work together on a combined effort on a Mission Statement. Richard Fuller made a point that the Mission Statement must be clear and concise in purpose. Jim Mitulski also made a point to keep the statement succinct and easily paraphrased or repeatable.

Needs Assessment

Brad Hume relayed information on prior discussions at past Council and Committee meetings. Public forums are a duty of the Committee, and BH is asking committee members to think about what subjects may be of importance, and create focus groups and/or community forums. He is asking that suggestions be brought to the next committee meeting. Brad stated that the current prioritization process would allow focus groups and community forums.

HIV Consumer Rights Advocacy Project Report

Richard Bargetto introduced himself and explained the Advocacy Project. He reviewed the PWA Caucus Report – May 2002 (*See Attachment A*). He stated that trends include termination of services involving Mental Health issues. 55% percent of time is spent on Housing issues. RB stated that his work is Client driven and he encourages resolution of issues with Client satisfaction. Mjay Sanders noted that the Advocacy Project Annual Report is always excellent information, and suggested that future reports include valuable information of incidental benefits.

Bylaws Requirement of 67%/40% PLWH

Brad summarized the discussion of prior meetings. The proposed amendment will be presented to the full Council next meeting. The federal legislation requires a minimum of 33% Unaffiliated Consumers.

Other Business / Next Meeting Agenda

- Advocacy Project Report
- Policy & Practices Manual / Implementation
- Needs Assessment
- Evaluation of Consultant
- Draft Mission Statement
- Promoting Community Involvement

Adjournment

7:30pm

PWA CAUCUS REPORT – APRIL 2002

LAST MONTH'S CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Housing	Lodestar/Haight Ashbury	Quality of Care	Withdrawn
3-	Food	Project Open Hand	Termination from Service	Pending

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client claims that she was began receiving services from a residential drug treatment program, Lodestar, at the end of last year. During one of the group sessions, client disclosed some very intimate details about her personal history. Client claims that during one of the sessions the group facilitator called her a liar and ridiculed her attempt at honesty. A few days later, client was hospitalized for her heart condition and given a morphine drip. When she returned to Lodestar, she was allegedly terminated from the program for "drug seeking." Client departed the program and filed a grievance seeking an apology and a written explanation of the basis for her termination. Client is awaiting a response and the Advocacy Project is monitoring the grievance. Grievance is withdrawn due to client inaction.
- 3- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is assisting client with a surrogate shopper resolution.

NEW CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	Housing	Baker Places	Quality of Care	Resolved
2-	Primary Medical	Health Center 1	Quality of Care	Pending
3-	Primary Medical	City Clinic	Policy Compliance	Pending
4-	Dental	UCSF Dental Clinic	Standards of Care	Pending
5-	Housing	Derek Silva	Access to Records	Resolved
6-	Housing	SFAF	Policy Compliance	Pending
7-	Housing	Leland House	Termination of Housing	Resolved
8-	Housing	Leland House	Termination of Housing	Pending

- 1- Client alleges that he did not have heat in his Baker Places apartment. Client complained to staff about the lack of heat but allegedly did not receive any prompt response. Client contacted the Advocacy Project who in turn contacted Baker Places on behalf of the client. Within a few days, the heater was fixed. The client is satisfied with the outcome.
- 2- Client had been a client of Health Center 1 for approximately 10 years when he decided that it was time for him to go on disability. His treating physician signed the necessary documentation for disability (SDI) for many months but then allegedly refused to sign the final forms. The client claims he was devastated and went to a different service provider who he believed supported his decision to leave work. The client then filed for and was later approved for permanent disability. The client filed a grievance with the assistance of the Advocacy Project regarding the quality of care that he received. The client wants Health Center 1 staff to be more sensitive to a client's decision to go out on disability and receive training. Additionally, the client asked Health Center 1 to create some internal mechanism in appeal a physician's refusal to assist the client in a decision about his own life. The Advocacy Project is monitoring the grievance.
- 3- Client claims that he went to the City Clinic and tested positive for HIV. The client then claims that he was referred to numerous local agencies and even received an ADAP card. After ten months, the client claims that during a routine visit he was told that his HIV test results could not be located and that another test needed to be done. He consented to this test and two weeks later was told that the results of the new test were "inconsistent." The client, who is now uncertain of his HIV status, filed a grievance with the assistance of the Advocacy Project against the standards of care at City Clinic claiming that a confirming test was never performed. Specifically, the client would like increased quality control testing, an investigation conducted of his situation and a letter of apology. In a telephone discussion, the City Clinic claims that the client never tested positive for HIV and they would respond to the client's grievance in writing.
- 4- Client received a check-up notification card from UCSF Dental Clinic. When client responded to the card for his bi-annual cleaning he was told by the receptionist that the next appointment was not for nearly six months after the summer when the student dentists return for the fall semester. Also, the client was told that it would take one month to schedule his appointment to pick-up his nightguard. Disturbed by the long delay in accessing service, the client filed a grievance with the assistance of the Advocacy Project. The agency responded that the receptionist had made a mistake regarding the scheduling and that she was being re-trained on that issue. The client was able to pick-up his nightguard the following week. Advocacy Project has requested the clinic put this resolution in writing.

- 5- Client believes that his case management files are being tampered with at Derek Silva Community. The client believes specific documents have been removed from his file. Client had formally requested to see all of his “psychological assessments” in his file and the agency responded that they do not have any psychological assessments on clients but that they do have “clinical process notes.” The agency stated that it would allow the client to review his file in the presence of the HIV Consumer Rights Advocate. Client is considering a review of these process notes with the Advocate.
- 6- Client was awarded a subsidy through the SFAF and given 3 months to find appropriate housing. During the last portion of the 3 month period, client located a room at an SRO. The SFAF approved the housing after a quality inspection and scheduled the subsidy to begin on 9/1/01. On 8/31/01, the management of the SRO told the client that she could not stay at the hotel. On the same day, the client met with staff at SFAF and was told that she would not qualify for the subsidy as of 9/1/01 because she did not “secure a rental unit” in the designated time allowed by the program. With the assistance of the Advocacy Project, the client filed a grievance stating that she complied with the terms of the subsidy program and secured a rental unit in the designated time frame. Client claims the momentary capriciousness of the management, something outside of her control, had lost her the subsidy. SFAF responded that the client contributed to the manager’s decision to rescind the housing. Client is considering an appeal.
- 7- Client was terminated from services at Leland House for allegedly drug trafficking and nuisance violations. Due to her medical condition, the client was taken to SFGH for a few weeks and then transferred to Laguna Honda. Client contacted the Advocacy Project because she wanted to return to Leland House. After negotiations with Leland House staff, it was agreed that the client could return to Leland House after the client attends and successfully completes a six-month drug treatment program and continue with twice weekly substance use meetings. Client is satisfied with the outcome.
- 8- Client was threatened with eviction from Leland House based on his alleged inappropriate conduct with other residents and alleged excessive violation of the visitation policy. Client contacted the Advocacy Project to prevent the eviction action. Settlement negotiations have begun with Leland House to stop the eviction action.

Referral Calls:	SFAF Services	1
	ALRP Services	3
	Eviction Defense Collaborative	1
	Project Inform Services	1
	Police	1
	HWL Services	2
	AHP Services	1
	HOPWA Subsidy Services	1
	NAAP Services	1
	Westside Community Services	1
	Project Open Hand Services	1
	Walden House Grievance Procedures	1
	Leland House Grievance Procedures	1
	SRO Task Force	1
	<u>Agency E.D. requesting services</u>	<u>4</u>
	Total	21

* Duplicated Client

HIV CONSUMER RIGHTS ADVOCACY PROJECT

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PWA CAUCUS REPORT – MAY 2002

LAST MONTH'S CASES

	<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
1-	*Housing	Derek Silva	Alleged Lack of Policy	Pending
2-	Food	Project Open Hand	Termination from Service	Pending
3-	Primary Medical	Health Center 1	Quality of Care	Resolved
4-	Primary Medical	City Clinic	Policy Compliance	Pending
5-	Dental	UCSF Dental Clinic	Standards of Care	Resolved
6-	Housing	SFAF	Policy Compliance	Resolved
7-	Housing	Leland House	Termination of Housing	Resolved

- 1- Client claims that during a Clinical Case Conference she asked to see a Patient Bill of Rights and after repeated requests, no document was provided. Client filed a grievance stating that for Clinical Case Conferences, clients should be given a Patients Bill of Rights in order to better understand their rights during such an important meeting. Derek Silva responded that the meeting was a voluntary and that they are not legally obligated to have a written statement of rights for a voluntary meeting with the resident. Additionally, Derek Silva responded that attendance at meetings is not a requirement for tenancy. Client wishes to appeal the decision to the Director of HIV Services for Catholic Charities so that other residents will better understand their rights during similar meetings. Advocacy Project has begun negotiations with the Director of HIV Services to provide a statement of "Personal Rights" for all clients at Derek Silva. These personal rights will include the essential components of the patient's bill of rights as well as the general rights for all tenants in a housing program. Advocacy Project has also begun discussions on how this information will be best communicated with clients.
- 2- Client claims that he was improperly terminated from service from Project Open Hand and wants his services reinstated. Client filed a grievance and is awaiting a response. Advocacy Project is assisting client with proposing to Open Hand a surrogate shopper resolution. The Client Services Director denied client's request for a surrogate shopper because she does not believe this is an appropriate option for this client. Advocacy Project has appealed the decision to the Executive Director and is awaiting his reconsideration.

- 3- Client had been a client of Health Center 1 for approximately 10 years when he decided that it was time for him to go on disability. His treating physician signed the necessary documentation for disability (SDI) for many months but then allegedly refused to sign the final forms. The client claims he was devastated and went to a different service provider who he believed supported his decision to leave work. At the new agency, the client then filed for and was later approved for permanent disability. The client filed a grievance with the assistance of the Advocacy Project regarding the quality of care that he received. The client wants Health Center 1 staff to be more sensitive and to receive training about a client's decision to go out on disability. Additionally, the client asked Health Center 1 to create some internal mechanism to appeal a physician's refusal to assist the client in a decision about his own life. Health Center 1 responded that the physician followed the appropriate standard of care in making his decision. The Client, though not satisfied with outcome does not wish to pursue the issue further.
- 4- Client claims that he went to the City Clinic and tested positive for HIV. The client then claims that he was referred to numerous local agencies and even received an ADAP card. After ten months, the client claims that during a routine visit he was told that his HIV test results could not be located and that another test needed to be done. He consented to this test and two weeks later was told that the results of the new test were "inconsistent." The client, who is now uncertain of his HIV status, filed a grievance with the assistance of the Advocacy Project about the standards of care at City Clinic claiming that a confirming HIV test was never performed. Specifically, the client would like increased quality control testing, an investigation conducted of his situation and a letter of apology. City Clinic claims that the client never tested positive for HIV and referred the client to his case manager and the grievance process. Client is not satisfied with this response and is awaiting test results from another clinic and will meet with City Clinic once the results are obtained.
- 5- Client received a check-up notification card from UCSF Dental Clinic. When client responded to the card for his bi-annual cleaning he claims he was told by the receptionist that the next appointment was not for nearly six months after the summer when the student dentists return for the fall semester. Also, the client was told that it would take one month to schedule his appointment to pick-up his nightguard. Disturbed by the long delay in accessing service, the client filed a grievance with the assistance of the Advocacy Project. The agency responded that the receptionist had made a mistake regarding the scheduling and that she was being re-trained on that issue. The client was able to pick-up his nightguard the following week. Advocacy Project has requested the clinic put this resolution in writing. Client is not satisfied with the written response but does not want to pursue matter further.
- 6- Client was awarded a subsidy through the SFAF and given 3 months to find appropriate housing. During the last portion of the 3 month period, client located a room at an SRO. The SFAF approved the housing after a quality inspection and scheduled the subsidy to begin on 9/1/01. On 8/31/01, the management of the SRO told the client that she could not stay at the hotel. On the same day, the client met with staff at SFAF and was told that she would not qualify for the subsidy as of 9/1/01 because she did not "secure a rental unit" in the designated time allowed by the program. With the assistance of the Advocacy Project, the client filed a grievance stating that she complied with the terms of the subsidy program and secured a rental unit in the designated time frame. Client claims the momentary capriciousness of the management, something outside of her control, had lost her the subsidy. SFAF responded that the client contributed to the manager's decision to rescind the housing. Client appealed the agency's decision, but the Associate Director for Housing confirmed the agency's earlier decision to rescind the subsidy. Client is not satisfied with the outcome and has retained legal counsel on the matter to pursue privately.

- 7- Client was threatened with eviction from Leland House based on his alleged inappropriate conduct with other residents and alleged excessive violation of the visitation policy. Client contacted the Advocacy Project to prevent the eviction action. Client strongly disagrees with the allegations of his misconduct. Advocacy Project has proposed that the client will attend a 90-day residential drug treatment program and then return to Leland House upon the successful completion of the program. Client is satisfied with the outcome and is awaiting placement at Ferguson Place.

NEW CASES

<u>Service</u>	<u>Agency</u>	<u>Issue</u>	<u>Outcome</u>
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No New cases for May 2002

Referral Calls:

Derek Silva Grievance Procedures	1
Baker Places Grievance Procedures	1
SFGH Grievance Procedures	1
UCSF Grievance Procedures	1
Project Open Hand Grievance Procedures	2
ALRP Services	1
<u>Positive Resource Center Services</u>	<u>1</u>
Total	8

* Duplicated Client

(Report prepared by Richard Bargetto on 6/1/02)



